

CONGRESSIONAL BUDGET SUBMISSION

OFFICE OF NATIONAL
DRUG CONTROL POLICY

FISCAL YEAR 2025



OFFICE OF NATIONAL DRUG CONTROL POLICY

Fiscal Year 2025 Budget

Table of Contents

I. EXECUTIVE SUMMARY	3
II. MISSION	5
III. ORGANIZATION CHART	7
IV. HISTORICAL FUNDING OVERVIEW	11
V. SALARIES AND EXPENSES	13
A. PROGRAM OVERVIEW	13
B. APPROPRIATION LANGUAGE.....	14
C. FY 2025 BUDGET REQUEST	15
D. ACCOMPLISHMENTS.....	16
E. SUMMARY TABLES OF PROGRAM AND FINANCING	29
F. SUMMARY TABLES OF PERSONNEL.....	31
G. DETAIL OF PERMANENT POSITIONS.....	32
H. SUMMARY TABLES OF BUDGET AUTHORITY BY OBJECT CLASS.....	33
I. EXPLANATION OF BUDGET REQUEST BY OBJECT CLASS	35
VI. OTHER FEDERAL DRUG CONTROL PROGRAMS.....	39
A. APPROPRIATION LANGUAGE	39
B. SUMMARY TABLES OF PROGRAM AND FINANCING	40
C. PERSONNEL	41
D. FY 2025 BUDGET REQUEST.....	41
1. DRUG-FREE COMMUNITIES SUPPORT PROGRAM.....	42
2. DRUG COURT TRAINING AND TECHNICAL ASSISTANCE.....	49
3. ANTI-DOPING ACTIVITIES.....	51
4. MODEL ACTS PROGRAM	52
5. SECTION 103 OF PUBLIC LAW 114-98.....	53
6. WORLD ANTI-DOPING AGENCY (WADA) DUES.....	54
7. POLICY RESEARCH	55
8. PERFORMANCE AUDITS AND EVALUATIONS	57
9. EVOLVING AND EMERGING DRUG THREATS.....	58
VII. HIGH INTENSITY DRUG TRAFFICKING AREAS PROGRAM	61
A. MISSION STATEMENT AND PROGRAM DESCRIPTION	61
B. APPROPRIATION LANGUAGE.....	63
C. SUMMARY TABLES OF PROGRAM AND FINANCING	65
D. PERSONNEL	66
E. SUMMARY TABLES OF BUDGET AUTHORITY BY OBJECT CLASS	67
F. FY 2025 BUDGET REQUEST	68

EXECUTIVE OFFICE OF THE PRESIDENT
OFFICE OF NATIONAL DRUG CONTROL POLICY

I. EXECUTIVE SUMMARY

The Office of National Drug Control Policy (ONDCP) advises the Administration on national and international drug control policies and strategies and works to ensure the effective coordination of drug programs within the National Drug Control Program Agencies (NDCPA) and with various other governmental, non-profit, and private entities.

For the FY 2025 Budget Submission, the total request is \$469,593,000. This request includes \$30,300,000 for the Salaries and Expenses (S&E) account; \$149,093,000 for the Other Federal Drug Control Programs (OFDCP) account; and \$290,200,000 for the High Intensity Drug Trafficking Areas (HIDTA) account.

The FY 2025 request is \$30,300,000 for the Salaries & Expenses account. The S&E request provides funding for 72 FTE to support our mission and manage our programs. Of the total request, \$8,800,000 (to remain available until expended) is for costs associated with the relocation and replication of space to house ONDCP, including furniture, fixtures, and equipment.

The FY 2025 request is \$149,093,000 for the OFDCP account. The request includes the following programs:

- Drug Free Communities (DFC) - \$109,000,000 and 2 FTE
- Anti-Doping Activities - \$14,000,000
- Drug Court Training and Technical Assistance - \$3,000,000
- Model Acts Program - \$1,250,000
- World Anti-Doping Agency (WADA) Dues - \$3,843,000
- Section 103 of P.L. 114-198 - \$5,200,000
- Policy Research - \$1,300,000
- Performance Audits and Evaluations - \$500,000
- Evolving and Emerging Drug Threats - \$11,000,000

The FY 2025 request is \$290,200,000 for the HIDTA account. ONDCP is requesting up to \$4,000,000 to allocate for HIDTA auditing services and associated activities. The request also includes \$2,000,000 for the Grants Management System.

ONDCP FUNDING SUMMARY

(\$ in thousands)	FY 2023 Enacted	FY 2024 Annualized CR	FY 2025 Request
Salaries & Expenses:			
Operations	\$21,500	\$21,500	\$30,300
Congressionally Directed Spending*	\$10,482	\$10,482	\$0
Subtotal, Salaries & Expenses	\$31,982	\$31,982	\$30,300
Other Federal Drug Control Programs:			
Drug-Free Communities Support Program (DFC)	\$109,000	\$109,000	\$109,000
Anti-Doping Activities	\$15,250	\$15,250	\$14,000
Drug Court Training and Technical Assistance	\$3,000	\$3,000	\$3,000
Model Acts Program	\$1,250	\$1,250	\$1,250
World Anti-Doping Agency (WADA) Membership Dues	\$3,420	\$3,420	\$3,843
Section 103 of P.L. 114-198	\$5,200	\$5,200	\$5,200
Policy Research	\$0	\$0	\$1,300
Performance Audits and Evaluations	\$0	\$0	\$500
Evolving and Emerging Drug Threats	\$0	\$0	\$11,000
Subtotal, Other Federal Drug Control Programs	\$137,120	\$137,120	\$149,093
High Intensity Drug Trafficking Areas (HIDTA):			
Grants and Federal Transfers	\$294,700	\$294,700	\$284,200
HIDTA Auditing Services and Associated Activities	\$5,800	\$5,800	\$4,000
Grants Management System	\$1,500	\$1,500	\$2,000
Subtotal, HIDTAs	\$302,000	\$302,000	\$290,200
Total	\$471,102	\$471,102	\$469,593

* FY 2023 Enacted and FY 2024 Annualized CR Salaries and Expenses funding include \$21,500,000 for Operations and \$10,482,000 for Congressionally Directed Spending as allocated in the Explanatory Statement of the Consolidated Appropriations Act, 2023.

II. MISSION

ONDCP advises the President on national and international drug control policies and programs and works to ensure the effective coordination of drug control programs within the federal government and with various other governmental, non-profit, and private entities. ONDCP works to reduce substance use and its consequences by leading and coordinating the development, implementation, and assessment of United States drug policy. The current addiction and overdose epidemic is unparalleled in its severity and scope and requires an innovation and comprehensive response.

President Biden has made clear that addressing the addiction and overdose epidemic is an urgent priority. The President's *National Drug Control Strategy (Strategy)* builds on the Administration's drug control priorities, and implements a multi-faceted approach that emphasizes both public health and public safety interventions to reduce overdoses and save lives. These initiatives include expanding access to evidence-based prevention, harm reduction, treatment, and recovery, as well as strengthening domestic and international supply reduction efforts.

ONDCP's major responsibilities include:

- Developing the *Strategy* and the Consolidated National Drug Control Budget (*Budget*);
- Leading the national drug control effort, including coordinating with the NDCPAs;
- Identifying and responding to emerging drug threats related to illicit drug use;
- Evaluating the effectiveness of national drug control policy efforts, including the NDCPAs' programs, by developing and applying specific measures of performance and effectiveness and monitoring agencies' program-level spending;
- Facilitating broad-scale information sharing and data standardization among federal, state, and local entities to support national drug control efforts;
- Designating HIDTAs and providing overall policy guidance and oversight for the award and management of federal resources to HIDTAs in support of federal, state, Tribal, and local law enforcement partnerships within these areas;
- Administering the DFC Support Program, which provides grants to drug-free community coalitions across the country with the primary focus of increasing community collaboration and preventing youth substance use;
- Issuing a *National Treatment Strategy* which presents a plan to expand treatment of substance use disorders (SUD). The *National Treatment Strategy* aims to build on those actions, identify unmet treatment needs, and create a strategy for closing the gap between available and needed treatment;
- Overseeing the creation and implementation of the *National Southwest Border Counternarcotics Strategy*, which aims to stem the flow of illegal drugs and their illicit proceeds across the Southwest border (SWB) and reduce associated crime and violence in the region; and
- Overseeing the creation and implementation of the *National Northern Border Counternarcotics Strategy*, which aims to reduce the flow of illicit drugs and their proceeds across the Northern border; and

- Overseeing the creation and implementation of the *National Caribbean Border Counternarcotics Strategy*, which aims to reduce the flow of illicit drugs and their proceeds across broad swaths of ocean and international airspace, which link major drug producing countries in South and Central America to the United States and with transshipment countries in Central America.

ONDCP's three primary responsibilities are: developing the *Strategy*, formulating its accompanying *Budget*, and evaluating the effectiveness of the implementation of the *Strategy*.

National Drug Control Strategy

ONDCP develops the *Strategy* for the President. The *Strategy* sets forth a comprehensive plan to reduce the supply of and demand for illicit drugs, their use and the consequences of such use in the United States. In preparation of the *Strategy*, ONDCP consults with the heads of the NDCPAs; Congress; state, local, and tribal officials; private citizens and organizations, including community and faith-based organizations with experience and expertise in demand reduction; private citizens and organizations with experience and expertise in supply reduction; and appropriate representatives of foreign governments.

Federal Drug Control Budget

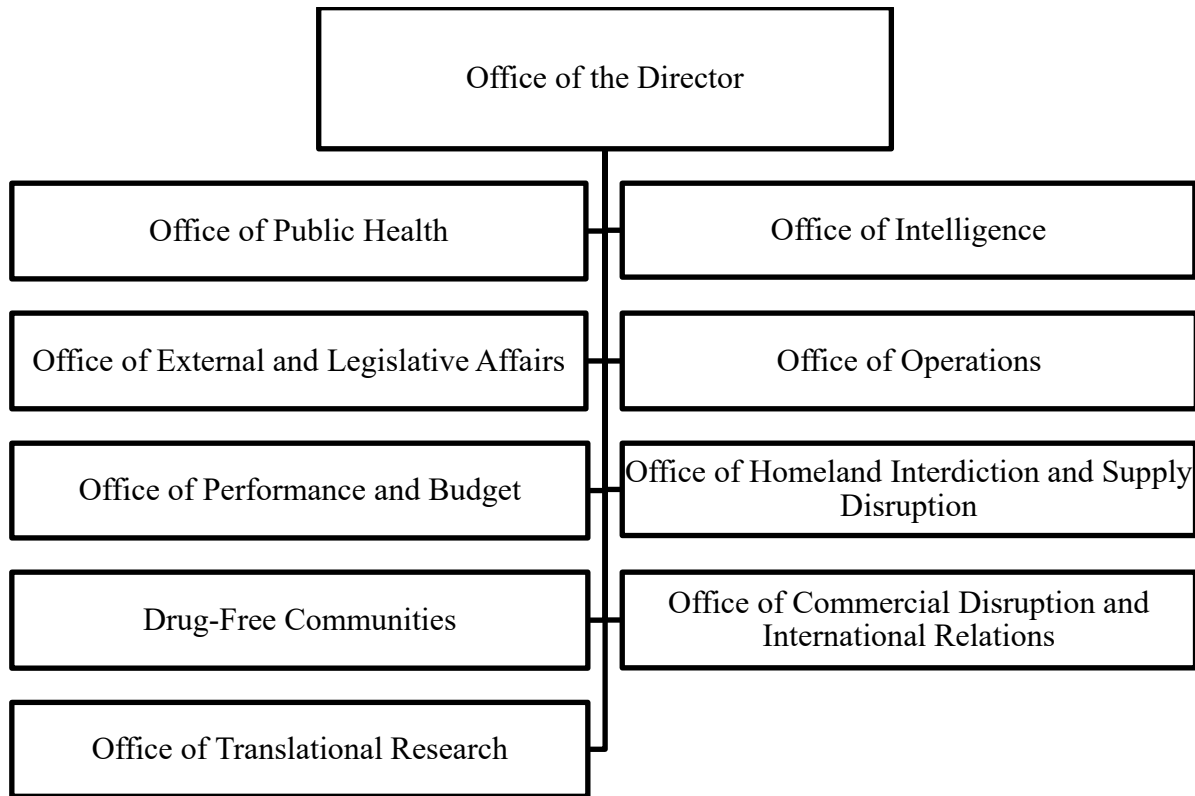
The *Budget* includes the drug control funding requests for all NDCPAs - those federal departments and agencies with responsibilities under the *Strategy*. Each year, the ONDCP Director issues funding guidance to NDCPAs giving them direction on the drug control resources required to implement the objectives of the *Strategy*. NDCPAs consider this guidance when formulating their budgets. Agencies are required to submit budget requests to ONDCP for review in the summer and certification in the fall. The review and certification process provides the ONDCP Director the opportunity to shape the drug control funding requests supporting the implementation of the *Strategy*.

The *Budget* is an accurate, transparent, and reliable accounting of federal resources devoted to reducing drug use and its consequences.

National Drug Control Assessment

Each NDCPA provides performance measures that demonstrate their contribution to the implementation of the *Strategy*. The *National Drug Control Assessment (Assessment)*, required by statute (21 U.S.C. § 1705(g)), is a summary of each NDCPA's progress meeting the annual targets of those performance measures. The performance of each NDCPA and their contributions to the accomplishments of the Biden-Harris Administration are highlighted throughout the *Assessment*. This is in companion with the *Performance Review System (PRS) Report*, which provides a National level update of the Biden-Harris Administration's progress toward the *Strategy*'s goals and objectives.

III. ORGANIZATION CHART



The ONDCP organizational structure is designed to implement functions that focus on developing and implementing evidence-based public health and supply reduction policy based on the latest information concerning current and emerging drug use and drug trafficking patterns. The structure augments policymaking through additional essential functions like assessing the performance and effectiveness of drug control agencies and budgets in achieving reductions in drug use and its consequences.

Office of the Director

The Office of the Director (DO) oversees policy development, implementation, and coordination across the agency. Functionally, the office establishes robust processes to ensure cross-component coordination that drives *Strategy* development, budget formulation, interagency collaboration, and responses to emerging issues. Within the DO, the Office of General Counsel handles Office of Information and Regulatory Affairs (OIRA) requests, Freedom of Information Act (FOIA) requests, and Government Accountability Office (GAO) engagements.

Office of Public Health

The Office of Public Health (OPH) develops and implements public health approaches to reduce drug use and its consequences. Functionally, it drafts the relevant sections of the *Strategy*, provides robust budget guidance to ensure adherence to evidence-based public health approaches among the interagency, and convenes the interagency to ensure execution of drug policy priorities related

to public health. The policy analysts assigned to OPH work on a range of issues, including prevention, treatment, recovery, harm reduction, healthcare finance, and equity. The Assistant Director serves as the Demand Reduction Coordinator.

Office of Commercial Disruption and International Relations

The Office of Commercial Disruption and International Relations (OCDIR) develops and implements whole-of-government international supply reduction efforts to reduce drug use and its consequences, and coordinates international and private sector engagements in support of this mission. This component drafts the relevant sections of the *Strategy*, supports the ONDCP budget guidance development process with international relations and supply reduction subject matter expertise to ensure adherence to evidence- and intelligence-based approaches among the interagency, and convenes the interagency to implement the Administration's drug policy priorities. Component staff work on a range of issues, including synthetic drug production and supply, chemicals of concern, illicit finance, and multimodal drug trafficking.

Office of Homeland Interdiction and Supply Disruption

The Office of Homeland Interdiction and Supply Disruption (OHISD) advances efforts to reduce the supply of illicit substances in the United States and fosters cooperation and collaboration with domestic law enforcement partners. The office manages the HIDTA Program, and undertakes the functions of the U.S. Interdiction Coordinator (USIC). Office staff draft the relevant portions of the *Strategy*, counternarcotics border strategies, and the *National Interdiction Command and Control Plan*. Staff also provide domestic supply reduction and law enforcement subject matter expertise to inform the ONDCP budget guidance development process. The office serves as a primary conduit between law enforcement agencies, regional multiagency task forces, and private sector partners to identify and target vulnerabilities in the illicit drug supply chain.

Office of Performance and Budget

The Office of Performance and Budget (OPB) is the main coordinating body for ensuring that the interagency budget is driven by evidence-based approaches to drug policy and measures the implementation of these approaches. Functionally, the office provides robust budget guidance to ensure adherence to evidence and intelligence-based approaches among the interagency and convenes the budget interagency to ensure execution of drug policy priorities. It also executes the internal budget. This office component also handles the drafting of statutorily required budget and performance documents. The Assistant Director serves as the Performance Budget Coordinator.

Office of Translational Research

The Office of Translational Research (OTR) is the main coordinating body for ensuring that policymaking is based on the latest research, data, and evidence. It works closely with OPH and OCDIR to inform their approach to policymaking and with OPB to evaluate progress on drug policy. This component also leads interagency efforts to improve real-time data collection and strategic research efforts. This component provides fact-checking, as needed. The Assistant Director serves as the Emerging Threats Coordinator.

Office of External and Legislative Affairs

The Office of External and Legislative Affairs (OELA) provides support to all components on legislative affairs, engagement with stakeholders, and press relations. The Assistant Director

serves as the State, Local, and Tribal Affairs Coordinator.

Office of Intelligence

The Office of Intelligence (OI) is the main coordinating body for ensuring that policymaking is based on the latest intelligence. It works closely with OCDIR to inform its approach to policymaking. This component also leads interagency efforts to improve intelligence collection.

Office of Operations

The Office of Operations (OPS) implements the human resources, facilities maintenance, security, and information technology work of the agency.

Drug-Free Communities

The Drug-Free Communities (DFC) component oversees ONDCP's responsibilities to administer all provisions of the Drug-Free Communities Act of 1997, as amended. The component administers a far-reaching grant program that supports communities in developing and implementing comprehensive, long-term plans and programs to prevent and treat SUD among youth.

IV. HISTORICAL FUNDING OVERVIEW

FY 2019 - FY 2025
(\$ in thousands)

FISCAL YEAR

	FY 2019 Enacted	FY 2020 Enacted	FY 2021 Enacted	FY 2022 Enacted	FY 2023 Enacted	FY 2024 Annualized CR	FY 2025 Request
Salaries & Expenses *	\$18,400	\$18,400	\$18,400	\$18,952	\$31,982	\$31,982	\$30,300
Other Federal Drug Control Programs	\$118,327	\$121,715	\$128,182	\$133,617	\$137,120	\$137,120	\$149,093
HIDTA	\$280,000	\$285,000	\$290,000	\$296,600	\$302,000	\$302,000	\$290,200
Total ONDCP Resources	\$416,727	\$425,115	\$436,582	\$449,169	\$471,102	\$471,102	\$469,593

Totals may not add due to rounding.

* FY 2023 Enacted and FY 2024 Annualized CR Salaries and Expenses funding include \$21,500,000 for Operations and \$10,482,000 for Congressionally Directed Spending as allocated in the Explanatory Statement of the Consolidated Appropriations Act, 2023.

V. SALARIES AND EXPENSES

A. PROGRAM OVERVIEW

Salaries & Expenses: (\$ in thousands)	FY 2023 Enacted	FY 2024 Annualized CR	FY 2025 Request
Operations	\$21,500	\$21,500	\$21,500
Headquarters Lease Replacement	\$0	\$0	\$8,800
Congressionally Directed Spending	\$10,482	\$10,482	\$0
Total, Salaries & Expenses	\$31,982	\$31,982	\$30,300
Staffing	72	72	72

The funding level for S&E Operations will allow ONDCP to pursue priorities, with an emphasis on executing the *Strategy*, supporting enhanced coordination and oversight of interagency drug control programs, and developing stronger mechanisms to evaluate data and evidence in support of identifying latest trends and emerging issues. The *Strategy* includes long-term goals and objectives that are quantifiable and measurable.

B. APPROPRIATION LANGUAGE

OFFICE OF NATIONAL DRUG CONTROL POLICY

Federal Funds

SALARIES AND EXPENSES

For necessary expenses of the Office of National Drug Control Policy; for research activities pursuant to the Office of National Drug Control Policy Reauthorization Act of 1998, as amended; the rental of space (to include multiple year leases) in the District of Columbia and elsewhere; not to exceed \$10,000 for official reception and representation expenses; and for participation in joint projects or in the provision of services on matters of mutual interest with nonprofit, research, or public organizations or agencies, with or without reimbursement, \$21,500,000: Provided, That the Office is authorized to accept, hold, administer, and utilize gifts, both real and personal, public and private, without fiscal year limitation, for the purpose of aiding or facilitating the work of the Office.

In addition, for costs associated with the relocation and replication of space to house the Office of National Drug Control Policy, including furniture, fixtures, and equipment, \$8,800,000, to remain available until expended.

Note. — A full-year 2024 appropriation for this account was not enacted at the time the Budget was prepared; therefore, the Budget assumes this account is operating under the Continuing Appropriations Act, 2024 and Other Extensions Act (Division A of Public Law 118–15, as amended). The amounts included for 2024 reflect the annualized level provided by the continuing resolution.

Changes from FY 2023 Enacted Appropriations Language

Language Provision	Explanation
<i>the rental of space (to include multiple year leases) in the District of Columbia and elsewhere;</i>	Language added enables ONDCP to rent space in DC directly, without GSA (40 USC 8141), if necessary.
<i>In addition, for costs associated with the relocation and replication of space to house the Office of National Drug Control Policy, including furniture, fixtures, and equipment, \$8,800,000, to remain available until expended.</i>	Language supports \$8,800,000 in no-year funds to ONDCP for headquarters lease replacement costs.

C. FY 2025 BUDGET REQUEST

ONDCP S&E

ONDCP, established by the Anti-Drug Abuse Act of 1988, and reauthorized by the SUPPORT for Patients and Communities Act (Public Law 115-271), is charged with developing policies, objectives, and priorities for the National Drug Control Program. The FY 2025 request for ONDCP Salaries and Expenses (S&E) is \$30,300,000, \$8,800,000 (40.9%) above the FY 2024 annualized continuing resolution level due to one-time costs associated with headquarters lease replacement. ONDCP's request for S&E Operations is \$21,500,000 and 72 FTE, equal to the FY 2024 annualized continuing resolution levels.

Of the total request, \$8,800,000 (to remain available until expended) is for costs associated with the relocation and replication of space to house ONDCP, including furniture, fixtures, and equipment. This consists of approximately \$6,700,000 for real property costs associated with the lease recompetete to include real property costs construction of new space, Sensitive Compartmented Information Facility (SCIF) construction in the new space and General Services Administration (GSA) fee. In order for GSA to issue the request for proposal, GSA must have a guarantee that ONDCP will be able to fund a space build out and move, if necessary. Since the current lease expires April 2027, the new lease has to be planned for award as early as Spring 2025. The remainder of the request consists of approximately \$2,100,000 for personal property and move costs, to include furniture, fixtures and equipment setup.

D. ACCOMPLISHMENTS

As recent accomplishments, the Biden-Harris Administration has taken the following actions to address addiction and the overdose epidemic:

Prevention

- On International Overdose Awareness Day, Dr. Gupta, the Director of National Drug Control Policy, Second Gentleman Doug Emhoff, and Dr. Mandy Cohen of the Centers for Disease Control and Prevention (CDC) met with 30 families impacted by overdose to hear their stories and discuss how the federal government can expand overdose prevention efforts.
- ONDCP invested an additional \$1 million into its *Real Deal on Fentanyl* campaign with the Ad Council. The campaign aims to reach young people, who are the fastest-growing age group to experience opioid overdose in the United States. Since launching in fall 2022, the campaign has garnered 946.9 million impressions.
- The Department of Education and ONDCP collaborated to plan and host eight webinars to engage state and local school district leaders, school administrators, educators, and student support staff, and parents to raise awareness on the impact of substance use on student mental health, academic performance, and school safety, as well as resources to prevent, identify and intervene on youth substance use, and support youth in their recovery. Sessions highlighted programs, policies, and practices of several schools and school districts with demonstrated evidence of positive outcomes with diverse students and school /community settings. On average, approximately 1500 registrants participated during the live sessions as well as viewed archived materials. Most participants who participated in the sessions strongly agreed (average 60%) that the sessions improved their understanding of the topic. Sessions included:
 - January 17, 2023 - Knowing the Facts About Fentanyl
 - February 8, 2023 - Preventing and Addressing Fentanyl Use
 - March 22, 2023 - Understanding and Preventing Student Marijuana Use
 - April 26, 2023 - Blending and Braiding Funding for Full-Service Community Schools
 - May 10, 2023 - Preventing and Addressing Substance Use Among Students Transitioning into Higher Education
- ONDCP provided grants management and oversight for Congressionally Directed Spending to distribute more than \$10 million for substance use prevention.
- The National Institutes of Health (NIH) and National Institute on Drug Abuse (NIDA) supported more new studies to inform, develop, and/or test prevention interventions in different populations and settings to prevent drug use, overdose, or other harms of drug use such as HIV and neonatal opioid withdrawal syndrome.

- The Food and Drug Administration (FDA), through a cooperative agreement with the Reagan-Udall Foundation for the FDA, hosted a public meeting (Understanding Fatal Overdoses to Inform Product Development and Public Health Interventions to Manage Overdose) to explore the evolving context surrounding fatal overdoses and discuss epidemiological trends, drug supply changes, public health interventions to manage overdose, and drug development opportunities.
- FDA issued draft guidance for industry, *Development of Local Anesthetic Drug Products with Prolonged Duration of Effect*, which is intended to provide the agency’s recommendations for assisting developers in generating the data necessary to support different indications and labeling claims for these drugs.
- FDA announced it is requiring manufacturers of opioid analgesics dispensed in outpatient settings to make prepaid mail-back envelopes available to outpatient pharmacies and other dispensers as an additional opioid analgesic disposal option for patients.
- FDA issued Drug Safety Communication and a statement announcing several updates to the prescribing information for immediate-release and extended-release/long-acting opioid analgesics. The updates also included a new warning about opioid-induced hyperalgesia, which is a condition where opioids cause an increase in pain (hyperalgesia) or an increased sensitivity to pain (allodynia).
- FDA issued Drug Safety Communication and a statement announcing updates for amphetamine and methylphenidate products, a class of stimulant medications used to treat attention deficit/hyperactivity disorder (ADHD) and other disorders, to standardize prescribing information. The updates intend to inform patients, caregivers and health care professionals of risks associated with their medications and address misuse and abuse (also called nonmedical use), addiction, and overdose information.
- FDA announced the opening of two Notice of Funding Opportunities (NOFOs) to encourage applications to support the development of evidence-based, clinical practice guidelines for the management of acute low back pain, and acute postoperative pain in patients who have undergone diagnostic and procedural laparoscopic abdominal surgeries. These NOFOs support the FDA’s primary prevention priority under the Overdose Prevention Framework.
- FDA announced the issuance of the first draft guidance presenting considerations to industry for designing clinical trials for psychedelic drugs, *Psychedelic Drugs: Considerations for Clinical Investigations*. The guidance highlights fundamental considerations to researchers investigating the use of psychedelic drugs for potential treatment of medical conditions, including psychiatric or SUD.

Harm Reduction

- ONDCP hosted naloxone manufacturers at the White House to introduce the Administration’s guiding principles on naloxone access and discuss how the manufacturers can help get more product to the people and places that need it most.

- ONDCP co-hosted a webinar with the Department of Education to inform school superintendents, principals, and other officials about the importance and potential of keeping naloxone on hand in schools and allowing students to carry it with them on school grounds to respond to overdoses.
- FDA approved Narcan, a 4mg nasal spray naloxone product, for over-the-counter (OTC) use. It subsequently approved a generic of that product for OTC use, and also approved a new 3mg naloxone nasal spray product for OTC use.
- FDA approved a nalmeffene intranasal spray to treat opioid overdose.
- The Substance Abuse and Mental Health Services Administration's (SAMHSA) Center for Substance Abuse and Prevention (CSAP) reported that states purchased 7.8 million doses of naloxone with State Opioid Response (SOR) grant dollars, of which 7.5 million have been distributed.
- SAMHSA held a Naloxone Saturation Policy Academy for 10 states to refine the saturation plans they submitted as part of their SOR grant application to ensure states are prepared to acquire and distribute naloxone according to need.
- SAMHSA released a draft Harm Reduction Framework for public comment that is intended to inform SAMHSA's harm reduction activities moving forward, as well as related policies, programs, and practices.
- CDC awarded \$279 million in Overdose Data to Action (OD2A) grants to states and localities to expand harm reduction strategies, link people to life-saving care, and make the latest data available to get ahead of the constantly evolving overdose crisis.
- CDC, through a third-party contract with the National Alliance of State & Territorial AIDS Directors, awarded \$6 million to 65 syringe services programs across 31 jurisdictions to strengthen the capacity of these programs to provide overdose prevention and other harm reduction services.

Treatment

- ONDCP, the Department of Health and Human Services, and the Department of State (DOS) hosted Canadian and Mexican health officials at a trilateral Public Health Summit that included a visit to a United States Opioid Treatment Facility and discussions of treatment, harm reduction and prevention.
- ONDCP, in partnership with CDC, announced \$3 million in funding through the Combating Overdose Through Community-Level Intervention (COCLI) initiative to invest in supporting innovative and scalable solutions developed by local governments, public and private universities, advocacy organizations, and nonprofits that are working to prevent drug overdoses in communities across the country.

- SAMHSA convened key stakeholders from five states for a Policy Academy on Advancing Medication for Opioid Use Disorders (MOUD) in State Prisons.
- ONDCP launched a SUD Cascade of Care workforce expansion initiative with the medical field leadership and federal partners. The Cascade of Care initiative is focused on 3 activities: 1) the need for more health care providers to increase screening and case-finding for people with SUD in mainstream health; 2) increase training for healthcare providers currently working in the field so that more people who need treatment get the care that they need; and 3) develop core curriculum for SUD for all health professions college programs, so that all health professionals coming out of school are trained about SUD just like any other disease, and learn that it can be treated and people do recover.
- SAMHSA released an advisory entitled Digital Therapeutics for Management and Treatment of Behavioral Health that outlines among other things, research, regulatory and reimbursement considerations for digital therapeutics as well as resources for digital therapeutics for clinics interested in implementing them.
- CMS approved contingency management (CM) as an approach to SUD in California's Medicaid program, for a pilot program in Drug Medi-Cal Organized Delivery System counties to provide care to people with stimulant use disorders, and is working with additional states that are also exploring using CM. As of this time Delaware, Washington, Montana, California and West Virginia have also submitted applications.
- CMS finalized changes to strengthen the Medicare behavioral health workforce so practitioners can practice to the full extent of their license, and proposed an exception to supervision requirements for services furnished, allowing marriage and family therapists, licensed professional counselors, and others to furnish behavioral health services under "general," rather than "direct," supervision. CMS also finalized changes to pay psychologists and social workers to help manage behavioral health needs – including for SUD care – as part of the primary care team, because sometimes it can be easier for people to get care through their primary care practitioner.
- FDA approved an extended-release buprenorphine injection to treat moderate to severe opioid use disorder.

Recovery

- ONDCP hosted a Recovery Month Summit to highlight recovery ready workplaces as well as young people in recovery.
- ONDCP and the White House Director of Public Engagement hosted a meeting with faith leaders to discuss how they can support individuals in their communities with SUD.
- ONDCP led a recovery-ready workplace interagency workgroup through which the Recovery Ready Workplace (RRW) Resource Hub, hosted by the Employment and Training Administration at the Department of Labor (DOL), was developed. The hub is regularly updated with new resources.

- ONDCP released the RRW Toolkit, which was developed through the RRW interagency workgroup and can be found on the RRW Hub.
- SAMHSA released National Model Standards for Peer Support Certification in support of the President’s Unity Agenda. SAMHSA collaborated with federal, state, Tribal, territorial, and local partners including peer specialists to develop the National Model Standards for Peer Support Certification, inclusive of substance use, mental health, and family peer certifications. The credential will help foster greater consistency in standards and thereby facilitate state-to-state certification reciprocity and facilitate service reimbursement by multi-state and national payers.
- ONDCP worked with the Office of Personnel Management, SAMHSA, CDC’s National Institute for Occupational Safety and Health, DOL, and other federal partners to support the adoption of RRW policies in federal workplaces.
- ONDCP, with support from NIH/NIDA, convened an interagency workgroup to develop a federal recovery research agenda. The IWG is reviewing current scientific knowledge on recovery and remission from SUD as well as relevant current federally funded research, evaluation, and data collection efforts in order to identify research that is needed to inform policy on recovery.
- In collaboration with DOL’s Office of Federal Contract Compliance Programs, ONDCP initiated a revision to the Voluntary Self-Identification of Disability Form (CC-305), adding “Alcohol or other SUD (not currently using drugs illegally)” to the list of examples of potentially qualifying disabilities. Because of the wording, it appears as the first example in the alphabetical list.

Supply Reduction

- ONDCP supported Vice President Harris in convening eight State Attorneys General to discuss their role in reducing the supply of drugs in their respective States, including through coordination with the HIDTAs.
- U.S. Customs and Border Protection (CBP) was involved in the seizure of over 461,000 pounds of drugs at the borders in FY 2023, including 23,000 pounds of fentanyl and 114,000 pounds of methamphetamine.
- DOS led interagency efforts to focus international partners on coordinated responses to synthetic drugs. At the 66th Commission on Narcotic Drugs (CND), the body voted to place one synthetic cannabinoid receptor agonist, four novel synthetic opioids, and two cathinones/stimulants under international control and adopted two resolutions related to synthetic drugs: safe handling and disposal of synthetic drugs and strengthening information-sharing to increase scientific evidence-based support to international scheduling. In his role as co-Head of the United States’ delegation to the 66th CND, Dr. Gupta used bilateral meetings, targeted small group engagements, and the United States’ national statement to socialize the establishment of the Global Coalition to Address Synthetic Drug Threats, which kicked off in July 2023. The Coalition, through working groups convened by senior officials from around

the world and engagements in high-profile meetings such as the United Nations General Assembly, will garner high-level attention and political will to respond synthetic drugs.

- DOS, the Drug Enforcement Administration (DEA), and other interagency partners continue to leverage mechanisms such as the United States-European Union Drugs Dialogue and CND to coordinate actions to reduce the global proliferation of and trafficking of synthetic drugs and their impact on communities as well as to reduce trafficking associated violence in plant-based drugs such as cocaine.
- In FY 2023, the United States Postal Inspection Service (USPIS) executed the third phase of its SWB initiative, which is a data-driven counternarcotics strategy to deploy additional interdiction, investigative, and analytical resources at major induction points for drugs entering the domestic mail system along the SWB. The initiative resulted in the removal of large quantities of methamphetamine, fentanyl, cocaine, and illicit proceeds from the mail. Intelligence from the operation also generated leads to initiate a number of investigations in other areas of the country. A similar 6-month surge initiative in the Caribbean resulted in the seizure of additional quantities of illegal drugs and firearms from the mailstream. USPIS participated in Operation SpecTor which was conducted across the United States, Europe, and South America as part of the Joint Criminal Opioid and Darknet Enforcement (JCODE) in partnership with foreign law enforcement. This was the largest international operation against darknet trafficking of fentanyl, opioids, and other illicit goods resulting in record arrests and seizures, including 288 arrests – nearly double that of the prior operation. Law enforcement also conducted more seizures than any prior operation, including 117 firearms, 1,873 pounds of drugs that included 141 pounds of fentanyl or fentanyl-laced narcotics, and \$53.4 million in cash and virtual currencies.
- ONDCP hosted a monthly Federal Law Enforcement Video Teleconference with representatives from the National Security Council (NSC), Department of Justice (DOJ), Department of Homeland Security (DHS), Department of the Treasury, and USPIS. This meeting allows law enforcement to discuss trends and innovative approaches to countering illicit drug trafficking and money laundering. Since its inception, a total of 77 meetings have been held.
- USPIS and HIDTA continue to host a parcel interdiction webinar series to promote collaboration and information sharing amongst federal, state, local, and Tribal law enforcement. Participants from various HIDTA Parcel Interdiction Teams, as well as USPIS Contraband Interdiction & Investigations (CI2) Narcotics Teams from around the country discuss new investigation tools and techniques, as well as recent trends related to drug trafficking through the United States Mail, private courier and express consignment center (ECC) environment. As of September 2023, a total of seven sessions were conducted.
- ONDCP hosted a monthly Synthetics and Opioids Working Group with interagency partners with the United States Embassy Beijing, the NSC, DOJ, DOS, DEA, Treasury, USPIS and DHS. This meeting allows for synchronization on current and planned United States-People's Republic of China counternarcotics messaging.

- ONDCP continued to address the heroin and fentanyl problem set through a series of interlinked foreign and domestic engagements. A monthly law enforcement video teleconference provides a federal interagency forum to share vital information on the synthetic drug problem and its associated criminality. Tying these events together is the monthly nationwide webinar, which serves as an information-sharing forum that bridges the public health and public safety communities. Additionally, ONDCP led monthly video teleconferences with interagency partners and United States Embassy staffs and agency attachés in Mexico City, Beijing, Hong Kong, and New Delhi who are involved in synthetic opioids coordination efforts with their Government of Mexico, China, and India counterparts.
- USPIS strengthened collaboration with foreign post and law enforcement partners through direct engagement and participation in global and regional organizations, including EUROPOL, the Universal Postal Union (UPU), International Narcotics Control Board (INCB) and others. These forums provide USPIS a venue for the capacity building and the sharing of information and best practices. USPIS also works directly with partner nations through bilateral processes, including with Canada through the Opioid Action Plan, and Mexico through the Bilateral Framework. All three countries are engaged through the North American Drug Dialogue (NADD), which is the principal forum through which they address drug threats facing the continent.
- ONDCP led United States' efforts to establish a counternarcotics relationship with India, a country with a vast chemical industry and key country in the production of pharmaceuticals. ONDCP worked across the interagency to establish the broad outlines of a new relationship, engaged the Indian government to work more closely, and led two unprecedented meetings with Indian government officials laying the foundation for a broader and deeper drug policy relationship with India similar to bilateral forums the United States has with other key international partners. ONDCP led the United States delegation at the third, and first in-person, CNWG in New Delhi, where both parties reached agreement on major issues they need to address together, adopted and initialed a written framework to guide their work going forward, and established points of contact and began the personal relationships to advance their collective work in the future. ONDCP also hosted a larger group of Indian government officials with the interagency in July 2023 to discuss the expansion of drug policy efforts.
- ONDCP hosted three Australian Federal Police delegation visits to address the growing concern of synthetic drugs and trafficking, as well as harm reduction strategies and reducing barriers to treatment. The continued bilateral cooperation has assisted the Australian Embassy in the development of their own fentanyl strategy and other best practices for implementation in country.
- ONDCP continued to lead the broader counterdrug interagency community in synchronizing intelligence about the global threat of drug trafficking, hosting a weekly secure video teleconference that brings together numerous agencies and partners from across the government, and includes a monthly Five Eyes (United States, United Kingdom, Canada, Australian, New Zealand) session. Elements of the Intelligence Community have focused extensively and deeply on ONDCP priorities of commercial disruption and synthetic drug production.

Data Systems

- ONDCP partnered closely with the National Highway Traffic Safety Administration in December 2022 to publish the online interactive National Emergency Medical Services Information System (NEMSIS) dashboard to track nonfatal drug overdoses in the United States using first responder data. ONDCP updates to the current NEMSIS dashboard present data on stimulants such as methamphetamines and cocaine, and additional data on equity.
- ONDCP has completed a review of nonfatal drug overdose data as reported by all states in the United States, and published this work in the Journal of the American Medical Association.
- ONDCP reviewed in an ongoing manner all federal data on nonfatal drug overdoses in the nation through the Drug Data Interagency Working Group (IWG) and its three subgroups. The subgroups review all federal drug data relevant to issues surrounding equity, nonfatal overdoses, and wastewater.
- ONDCP took on the leadership role in the Coordination of Emerging Threats efforts. The emerging threats portfolio has included the designation of fentanyl adulterated with xylazine as a major emerging threat in April 2023, and the publication of a National Response Plan in July 2023. ONDCP also continues to draft an annual report to Congress on methamphetamine, due to the designation of this substance as an emerging threat in 2022. A similar implementation report is also required each year on the xylazine response plan.
- ONDCP led efforts in utilizing the scientific literature as an important outlet for describing ONDCP's analytic work and providing key substance use policy messaging to medical, public health, and health services audiences. For example, ONDCP submitted a manuscript to the Journal of the American Medical Association on potential lives saved among persons exiting carceral settings if access to opioid use disorder treatment was expanded for this population and is scheduled to release an employer toolkit for creating a recovery-ready workplace.
- ONDCP continues to employ creativity to ensure that not only are substance use data sets as such utilized, but also data sets from other areas of public health (such as HIV, hepatitis C virus, tobacco, criminal justice involvement, social determinants of health, and gun violence) that contain important substance use information but are not routinely highlighted as such.

Addressing Executive Order 13985

The Office of National Drug Control Policy has continued to pursue efforts and strategic change as directed under Executive Order 13985 (Advancing Racial Equity and Support for Underserved Communities Through the Federal Government). The Office of the General Counsel (OGC) has served as resource to keep agency components accountable to the goals established in the Agency Equity Action plans. Below are some accomplishments from FY 2022-2023.

- National HIDTA Program Office (HPO) has worked to make a substantive revision to the HIDTA grant award letter to require grantees to complete safe and healthy workplace trainings as outlined in the HIDTA Program Policy and Budget Guidance (PPBG).

- HPO developed Critical Conversation training programming to provide an engaging conversation that helps individuals of the HIDTA Program identify ways to create positive, inclusive and safe work environments with respect to team differences across profession, work styles, race/ethnicity, gender, generational and lived experiences. As part of managing and mitigating risk as well as protecting the human assets who are essential to the success of the HIDTA Program, instruction that develops a cohesive multidisciplinary team and helps participants see the need for a cultural shift in the workplace environment from stress to one of support. Four of the six ORS training at the Regional Meetings are complete, and included the Critical Conversation training.
- OTR participated in the National Science and Technology Council’s Subcommittee on Equitable Data and hosted a monthly Equitable Drug Data IWG to work on establishing a research agenda for equitable drug data. The Federal Recovery Research Agenda IWG is currently incorporating lived experiences for persons in recovery, with a focus on lived experiences of historically disadvantaged communities.
- OELA ensures that the Agency engages in ongoing outreach to Tribal Nations and actively engages people with lived experience in the development of drug policy to ensure that ONDCP meets the healthcare needs of our citizens where they are at.
- OPH released a model law for states to help expand deflection/diversion programs to remove individuals from the criminal justice system for non-violent offenses that are connected to their drug use.
- OPH worked in partnership with the Bureau of Prisons (BOP), DEA, and SAMHSA to expand access within the BOP to FDA-approved medications (i.e., methadone, buprenorphine, and naltrexone) to treat individuals with opioid use disorders.
- To reduce the overdose deaths, OPH continues to support the expanded distribution of Naloxone. In 2022, ONDCP sent a letter to every state substance use authority and governor notifying them that SAMHSA was requiring that a Naloxone acquisition and distribution plan was required in all State Opioid Response Grant applications.
- OTR coordinated with partners at the CDC's National Center for Injury Prevention and Control’s Division of Overdose Prevention to better understand how the CDC collects nonfatal and fatal overdose occurring in tribal communities, the role of epidemiological centers, and how that data is shared with tribal communities.
- OTR entered into a contract with the National Academies of Science, Engineering, and Medicine to hold a two-day workshop - “Harm Reduction Services for People Who Use Drugs: Exploring Data Collection, Evidence Gaps, and Research Needs”. One of the goals of the workshop was to identify best practices to identify and engage people who use drugs (PWUD) who are not currently accessing treatment or the harm reduction services. The assessment will focus on the larger community, as well diversity and inclusion, in the delivery of harm reduction practices.

- OPB’s funding guidance includes guidance to NDCPAs emphasizing the *Strategy*’s support for equity. The analysis of agency summer and fall budgets include the review of how agencies support equity priorities. The *National Drug Control Strategy: Budget Summary* also includes a section in each chapter describing how the agency supports equity as part of its drug control efforts.
- DFC Coalitions continue to address equity in myriad ways. Preliminary survey reports demonstrate that across the 700 plus DFC Coalition Grant recipients, they have implemented programing in the following areas: 65% racial equity; 67% Socioeconomic equity; 57% Sex/Gender equity including Equity around LGBTQ+; 57% Geographic equity. They also report translating materials into other languages to increase access to information in their communities. The following direct language comes from DFC Coalitions’ submitted progress reports.
 - By strategically appointing board membership based on different demographics, we are seeing more community participation from those groups.
 - This past year, DFC designed and implemented a Spanish-speaking parent program for local schools and adult English as a Second Language programs; delivered bilingual prevention workshops for middle and high school students; launched a summer employment program for low-income youth; recruited local media and community organization coalition members that serve the Latinx community; and engaged Latinx youth from a low-income housing community that experiences a high level of violence, crime and drug use.
- Sixty-five percent of coalitions also reported addressing Adverse Childhood Experiences (ACE) with 39% reporting being moderately or very effective in this area. The coalitions are developing unique programming diving into the ACEs framework, exploring how adverse childhood experiences can shape mental health, behavior, and overall well-being.
- In collaboration with the DFC Program’s federal partner, the CDC’s Drug-Free Communities Branch is launching a health equity initiative with a new DFC LGBTQIA+ Community of Practice.
 - The DFC LGBTQIA+ Community of Practice is a group of individuals who come together to learn about how to create a safe and supportive community environment where LGBTQIA+ youth feel valued and connected to people who care. The current members include four DFC Project Officers, and five DFC coalition members who represent the West, Central, and East regions. Members meet and interact online regularly to collaborate, solve problems, and build knowledge to promote substance use prevention among LGBTQIA+ youth.
 - Young people who are lesbian, gay, bisexual, transgender, and queer/questioning, intersex, asexual and others (LGBTQIA+) are a vital part of every community, inhabit all walks of life, and make contributions to every racial, ethnic, socioeconomic, and geographic group. LGBTQIA+ youth often report isolation, harassment at school, and a lack of safe spaces. They are more likely than their non-

LGBTQIA+ peers to experience poor health, attempt suicide, misuse alcohol, and use substances.

Oversight of the National Drug Control Budget

- ONDCP is required to issue budget guidance to NDCPAs no later than July 1 each year. Agencies are required by law to submit drug control budget requests to the Director of ONDCP for review and certification. This is a two-tier process, consisting of a summer review of bureau submissions and a fall review/certification of agency submissions.
 - Review of Summer Drug Budget Submissions: The ONDCP Director reviews bureau summer drug control budget submissions to determine if they are adequate to implement the goals and objectives of the *Strategy*. Requests are evaluated on the basis of how closely proposed funding corresponds to priorities identified by ONDCP.
 - Review and Certification of Fall Budget Submissions: As with the summer process, the Director reviews agency fall drug control budgets to determine if they are adequate to implement the goals and objectives of the *Strategy*. Requests are evaluated based on how closely proposed funding corresponds to priorities identified by ONDCP and whether requests address enhancements identified by the ONDCP Director during the summer review process.
- Once the funding and policy decisions for the President’s Budget are finalized, ONDCP works with each NDCPA to gather information on the funding levels and program descriptions needed to produce the *Budget Summary*. The *Budget Summary* is one of the documents that accompanies the release of the *Strategy*. These drug control funding levels are also included in the Analytic Perspectives of the President’s Budget.
- ONDCP reviews NDCPA drug budgets for alignment with ONDCP’s drug policy priorities.

Implementation and Oversight of *Strategy* Goals and Objectives

- ONDCP consulted drug policy stakeholders across both the demand and supply sides in preparation for developing the *Strategy* to ensure the *Strategy* is comprehensive and based on data and evidence.
- ONDCP is required to develop and implement a performance measurement system to assess the Nation’s progress in achieving the goals and objectives of the *Strategy*. Explicitly, the performance measurement system is to contain the following:
 - Comprehensive, research-based, long-range, quantifiable goals for reducing illicit drug use, and the consequences of illicit drug use in the United States; and
 - Annual quantifiable and measurable objectives and specific targets to accomplish long-term quantifiable goals that the Director determines may be achieved during each year beginning on the date on which the *Strategy* is submitted.

- The *PRS* responds to this requirement. Issued annually along with the *Strategy*, it assesses interagency progress towards the goals and objectives of the *Strategy*. The *PRS* describes the *Strategy's* 2-year and 5-year performance measures and targets for each *Strategy* goal and objective established for reducing drug use, availability, and the consequences of drug use.

Assessing Contributions to Achieving *Strategy* Goals and Objectives

- ONDCP annually provides Congress with a report (the *Assessment*) assessing the progress of each NDCPA toward achieving each goal, objective, and target contained in the *Strategy* applicable to the prior fiscal year.
- The report is based on a summary of the progress of each NDCPA toward the *Strategy* goals using the performance measures for the agency and an assessment of the effectiveness of each NDCPA and program in achieving the *Strategy* for the previous year, including an evaluation of whether the applicable goals, measures, objectives, and targets for the previous year were met.
- By November 1 each year, NDCPAs submit reports to ONDCP, and it is released along with the *Strategy*.

Gifts and Donations

ONDCP's authority to accept and utilize gifts is codified at 21 U.S.C. § 1702(d). This statutory authority also established a Gift Fund (GF) for ONDCP. The GF includes a trust fund into which all private monetary gifts and donations made to ONDCP are deposited.

E. SUMMARY TABLES OF PROGRAM AND FINANCING

**Salaries and Expenses
(\$ in thousands)**

Line Number	Program by activities	FY 2023 Actual	FY 2024 Annualized CR	FY 2025 Request
00.01	Salaries & Expenses	\$21,347	\$21,500	\$30,300
00.01	Congressionally Directed Spending	\$10,482	\$10,482	\$0
10.00	Total Obligations	\$31,829	\$31,982	\$30,300
	Financing:			
39.00	Budget Authority	\$31,982	\$31,982	\$30,300
	Budget Authority:			
40.00	Appropriation	\$31,982	\$31,982	\$30,300
	Relation of Obligations to Outlay:			
90.00	Total Outlays	\$22,876	\$26,000	\$30,000

(SUMMARY TABLES OF PROGRAM AND FINANCING, Continued)

Gifts and Donations
(\$ in thousands)

Line Number	Financing Schedule	FY 2023 Enacted	FY 2024 Annualized CR	FY 2025 Request
21.40	Unobligated Balance Available, Start of Year	\$33	\$23	\$13
24.40	Unobligated Balance Available, End of Year	\$23	\$13	\$3
	Relation of Obligations to Outlays:			
90.00	Outlays (net)	\$10	\$10	\$10

F. SUMMARY TABLES OF PERSONNEL

PERSONNEL	FY 2023 Actual	FY 2024 Annualized CR*	FY 2025 Request
Total Number of FTE	60	72	72

*Recruitment is being expedited to ensure 72 FTE by the end of September.

G. DETAIL OF PERMANENT POSITIONS

Permanent Positions	FY 2023 Enacted	FY 2024 Annualized CR	FY 2025 Request
EX 1	1	1	1
EX 2	1	1	1
SES	12	12	12
GS-15	21	21	21
GS-14	10	9	9
GS-13	10	11	11
GS-12	4	5	5
GS-11	2	0	0
GS-10	1	1	1
GS-9	8	9	9
GS-7	2	2	2
Total Permanent Positions	72	72	72

H. SUMMARY TABLES OF BUDGET AUTHORITY BY OBJECT CLASS

**Salaries and Expenses
(\$ in thousands)**

Line Number	Salaries and Expenses Operations	FY 2023 Actual	FY 2024 Annualized CR*	FY 2025 Request
10.0	Personnel Compensation & Benefits	\$12,971	\$14,990	\$16,036
21.0	Travel & Transportation of Persons	\$204	\$200	\$200
22.0	Transportation of Things	\$1	\$2	\$2
23.1	Rental Payments to GSA	\$2,876	\$2,960	\$11,784
23.3	Communications, Utilities, & Miscellaneous Charges	\$65	\$72	\$72
24.0	Printing & Reproduction	\$18	\$19	\$19
25.0	Other Contractual Services	\$4,462	\$3,087	\$2,057
26.0	Official Reception and Representation Funds	\$10	\$10	\$10
26.0	Supplies & Materials	\$154	\$150	\$110
31.0	Equipment	\$11	\$10	\$10
41.0	Grants **	\$11,057	\$10,482	\$0
99.0	Total Obligations	\$31,829	\$31,982	\$30,300

*Recruitment is being expedited to ensure 72 FTE by the end of September.

** FY 2023 Enacted and FY 2024 CR Salaries and Expenses funding include \$21,500,000 for Operations and \$10,482,000 for Congressionally Directed Spending as allocated in the Explanatory Statement of the Consolidated Appropriations Act, 2023.

(SUMMARY TABLES OF BUDGET AUTHORITY BY OBJECT CLASS, Continued)

**Gifts and Donations
(\$ in thousands)**

Line Number	Gifts and Donations	FY 2023 Enacted	FY 2024 Annualized CR	FY 2025 Request
26.00	Supplies & Materials	\$33	\$23	\$13
99.00	Total Budget Authority	\$33	\$23	\$13

I. EXPLANATION OF BUDGET REQUEST BY OBJECT CLASS
 (\$ in thousands)

	FY 2024 Annualized CR	FY 2025 Request
Personnel Compensation & Benefits *	\$14,990	\$16,036

Funds in this object class provide full-year salaries and benefits for 72 FTE.
 *Recruitment is being expedited to ensure 72 FTE by the end of September 2024.

	FY 2024 Annualized CR	FY 2025 Request
Travel and Transportation	\$200	\$200

This amount funds the full-year cost of travel for ONDCP staff, as well as invitational travel.

	FY 2024 Annualized CR	FY 2025 Request
Transportation of Things	\$2	\$2

This amount funds express mail and miscellaneous moving expenses.

	FY 2024 Annualized CR	FY 2025 Request
Rental Payments to GSA	\$2,960	\$11,784

This amount includes the annual cost of office space at a rate established by the GSA in the Washington, D.C. central business district. The building is privately owned and ONDCP is located on one floor (34,708 square feet of usable space and 25 structured/reserved parking spaces). Of the total request, \$8,800,000 (to remain available until expended) is for costs associated with the relocation and replication of space to house ONDCP, including furniture, fixtures, and equipment.

	FY 2024 Annualized CR	FY 2025 Request
Communications, Utilities, and Miscellaneous Charges	\$72	\$72

This amount funds miscellaneous rental charges, including parking.

	FY 2024 Annualized CR	FY 2025 Request
Printing and Reproduction	\$19	\$19

This amount reflects basic printing requirements to include publications, such as the Federal Register and the Code of Federal Regulations. Printing services are provided by the United States Government Printing Office and the Defense Automated Printing Service. Limiting the printing of hard copy documents and instead mainly provide documents on the agency website, in addition to other electronic formats, will continue.

	FY 2024 Annualized CR	FY 2025 Request
Other Services	\$3,087	\$2,057

This amount reflects contract services, including: information technology services; guard services through the Federal Protective Services; building maintenance; service and equipment maintenance renewal; Connect.gov maintenance; staff training; translation services; federal shared services fees to include ONDCP’s contribution to the Federal Audit Clearinghouse and grants.gov; and travel service fees.

	FY 2024 Annualized CR	FY 2025 Request
Supplies and Materials	\$160	\$120

This amount reflects office supplies and materials. This amount also includes \$10,000 for Official Reception and Representation funds which allow the Director to host meetings with non-federal partners and stakeholders participating in the effort to reduce drugs and its consequences.

	FY 2024 Annualized CR	FY 2025 Request
Equipment	\$10	\$10

This amount funds the purchase of miscellaneous replacement equipment, under a life-cycle plan.

	FY 2024 Annualized CR	FY 2025 Request
Grants	\$10,482	\$0

This amount in FY 2024 estimate assumes CR level for the FY 2023 Congressionally Directed Spending as noted in section 205 of Administrative Provisions - Executive Office of the President and Funds Appropriated to the President.

	FY 2024 Annualized CR	FY 2025 Request
Total All Object Classes	\$31,982	\$30,300

VI. OTHER FEDERAL DRUG CONTROL PROGRAMS

A. APPROPRIATION LANGUAGE

FEDERAL DRUG CONTROL PROGRAMS

Federal Funds

OTHER FEDERAL DRUG CONTROL PROGRAMS

(INCLUDING TRANSFERS OF FUNDS)

For other drug control activities authorized by the Anti-Drug Abuse Act of 1988 and the Office of National Drug Control Policy Reauthorization Act of 1998, as amended, \$149,093,000, to remain available until expended, which shall be available as follows: \$109,000,000 for the Drug-Free Communities Program, of which not more than \$12,780,000 is for administrative expenses, and of which \$2,500,000 shall be made available as directed by section 4 of Public Law 107–82, as amended by section 8204 of Public Law 115–271; \$3,000,000 for drug court training and technical assistance; \$14,000,000 for anti-doping activities; up to \$3,843,000 for the United States membership dues to the World Anti-Doping Agency; \$1,250,000 for the Model Acts Program; \$5,200,000 for activities authorized by section 103 of Public Law 114–198; \$1,300,000 for policy research; \$500,000 for performance audits and evaluations; and \$11,000,000 to implement evolving and emerging drug threat response plans, as authorized by section 709 of the Office of National Drug Control Policy Reauthorization Act of 1998 (21 U.S.C. 1708), as amended: Provided, That amounts made available under this heading may be transferred to other Federal departments and agencies to carry out such activities.

Note. — A full-year 2024 appropriation for this account was not enacted at the time the Budget was prepared; therefore, the Budget assumes this account is operating under the Continuing Appropriations Act, 2024 and Other Extensions Act (Division A of Public Law 118–15, as amended). The amounts included for 2024 reflect the annualized level provided by the continuing resolution.

Changes from FY 2023 Enacted Appropriations Language

Language Provision	Explanation
<i>\$149,093,000</i>	Dollar change only.
<i>\$3,843,000</i>	Dollar change only.
<i>\$1,300,000 for policy research</i>	New Request.
<i>\$500,000 for performance audits and evaluations</i>	New Request.
<i>\$11,000,000 to implement evolving and emerging drug threat response plans, as authorized by section 709 of the Office of National Drug Control Policy Reauthorization Act of 1998 (21 U.S.C. 1708), as amended</i>	New Request.

B. SUMMARY TABLES OF PROGRAM AND FINANCING

**OTHER FEDERAL DRUG CONTROL PROGRAMS
(\$ in thousands)**

Line Number	Program by Activities	FY 2023 Actual	FY 2024 Annualized CR	FY 2025 Request
00.01	Media Campaign	\$1,000	\$0	\$0
00.01	Drug-Free Communities Support Program	\$107,039	\$109,000	\$109,000
00.01	Anti-Doping Activities	\$15,250	\$15,250	\$14,000
00.01	Drug Court Training and Technical Institute	\$6,000	\$3,000	\$3,000
00.01	Model Acts Program	\$2,698	\$1,250	\$1,250
00.01	World Anti-Doping Agency (WADA) Membership Dues	\$3,420	\$3,420	\$3,843
00.01	Section 103 of Public Law 114-198	\$3,493	\$5,200	\$5,200
00.01	Policy Research	\$0	\$0	\$1,300
00.01	Performance Audits and Evaluations	\$0	\$0	\$500
00.01	Evolving and Emerging Drug Threats	\$0	\$0	\$11,000
10.00	Total Obligations	\$138,900	\$137,120	\$149,093
	Financing:			
39.00	Budget Authority	\$137,120	\$137,120	\$149,093
	Budget Authority:			
40.00	Appropriation	\$137,120	\$137,120	\$149,093
	Relation of Obligations to Outlay:			
90.00	Total Outlays	\$135,763	\$139,000	\$148,000

Totals may not add due to rounding.

C. PERSONNEL

Personnel associated with the administration of OFDCP are funded from ONDCP's Salaries and Expenses account, except two positions from the DFC program.

PERSONNEL	FY 2023 Actual	FY 2024 Annualized CR	FY 2025 Request
Total Number FTE	2	2	2

D. FY 2025 BUDGET REQUEST

The FY 2025 request is \$149,093,000. The request includes the following programs:

- Drug Free Communities (DFC) - \$109,000,000 and 2 FTE
- Anti-Doping Activities - \$14,000,000
- Drug Court Training and Technical Assistance - \$3,000,000
- Model Acts Program - \$1,250,000
- World Anti-Doping Agency (WADA) Dues - \$3,843,000
- Section 103 of Public Law 114-198 - \$5,200,000
- Policy Research - \$1,300,000
- Performance Audits and Evaluations - \$500,000
- Evolving and Emerging Drug Threats - \$11,000,000

1. DRUG-FREE COMMUNITIES SUPPORT PROGRAM

a. MISSION STATEMENT AND PROGRAM DESCRIPTION

The mission of the DFC Program is to strengthen local collaboration to prevent youth substance use in communities across the country. In order to undertake this mission, ONDCP supports community-based coalitions in the development and implementation of comprehensive, long-term plans to prevent and reduce youth substance use.

The DFC Program was created by the Drug-Free Communities Act of 1997 (Public Law 105-20), reauthorized through the Drug-Free Communities Reauthorization Act of 2001 (Public Law 107-82), and reauthorized again by the SUPPORT Act (Public Law 115-271). This includes funding for the National Coalition Institute (NCI). The mission of the NCI is to increase the knowledge, capacity, and accountability of community anti-drug coalitions throughout the United States and territories.

The DFC Program provides grants to community-based coalitions that meet specific statutory eligibility requirements to construct and solidify a public-private infrastructure to create and sustain community-level change related to youth substance use. Over time, it is the intent of the program to prevent and reduce youth substance use and, therefore, adult substance abuse through effective community collaboration and leveraging of resources.

b. FY 2025 BUDGET REQUEST

The FY 2025 request level for DFC is \$109,000,000 and 2 FTE. The request includes up to \$12,780,000 (or approximately up to 12 percent) for administrative costs associated with the DFC program.

ONDCP collaborated with the CDC to transition the day-to-day management of the DFC grants from SAMHSA to CDC. Effectively managing the DFC Program requires a significant level of administrative support and program management oversight to ensure that recipients continue to be successful. This enhanced oversight with the CDC also ensures that sound grants management policies and procedures are followed. The level of support and guidance given by ONDCP and the agency managing the grants (CDC) is directly tied to the success of the coalitions. This funding goes towards ensuring that the coalitions have appropriate oversight, receive timely responses to their programmatic and fiscal management needs, and allows for stronger engagement with grant recipients.

DFC coalitions are found in small and large communities nationwide: In 2023, an estimated 77 million Americans (23 percent of the United States population) lived in communities served by DFC coalitions. It is clear that the dedication of our DFC coalitions has produced results, particularly around reducing youth substance use. In 2023, DFC coalitions reported a decrease in youth use of alcohol, tobacco, marijuana, and the misuse of prescription drugs. Preliminary data also indicates that hosting a youth coalition continues to be a promising practice associated with significantly higher levels of Youth sector involvement.

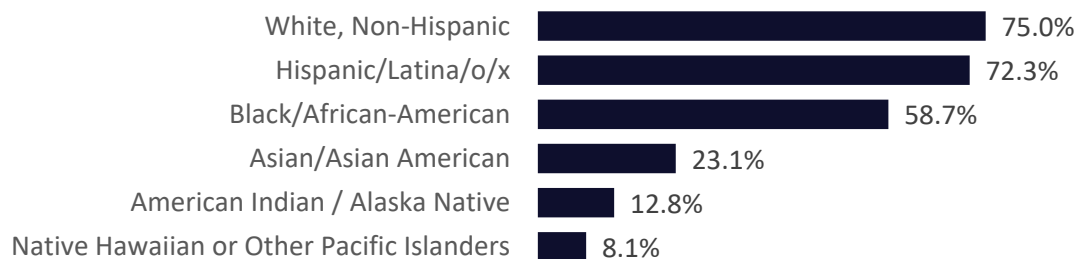
DFC Reach:

- DFC-funded community coalitions are required to bring together community representatives from 12 unique sectors and build collaboration to reduce and prevent youth substance use. This is a fundamental premise of effective community prevention, and the DFC Program. Given the number and broad geographic distribution of DFC coalitions, a large number of Americans live in communities served by grant recipients, potentially benefitting from the program. An estimated 77 million Americans (23 percent of the United States population) lived in communities served by DFC coalitions receiving funding in FY 2022. This included approximately 3.1 million middle school students ages 12 to 14 and 4.0 million high school students ages 15 to 18 (23 percent of all youth for each grade level).

Focus on Specific Subgroups of Youth:

- DFC coalitions have a broad reach and are working to engage and impact subgroups in their communities who may be underserved. Just over half (54 percent) of DFC coalitions reported working in frontier and/or rural communities, 28 percent work in urban/inner city communities, while 45 percent were working in suburban communities. ONDCP has focused on encouraging DFC coalitions to engage in practices that address advancing racial equity and supporting underserved community equities. In August 2023, DFC coalitions were asked to respond to the following question for each of several subgroups: Does your coalition work to tailor at least some information/prevention efforts to the needs of from any of the following racial, ethnic, sexual, or other minority group groups? Figure 1 summarizes the percentage of DFC coalitions responding yes to the given subgroup. Additionally, two-thirds (66 percent) of DFC coalitions reported that they tailor at least some efforts to LGBTQ+ youth. Finally, just over 5 percent (5 percent) of coalitions selected other, noting serving groups such as Arab, Middle Eastern, North African, immigrant and/or refugee youth/people, English language learners, and religious minorities (e.g., Muslim, Hutterite, Amish).

Figure 1. Percentage of DFC Coalitions Focused on Given Demographic Subgroups



Source: DFC August 2023 Progress Report

Note: DFC coalitions could select multiple areas of focus.

Just under three-fourths (72 percent) of DFC coalitions indicated they were specifically working to identify and or address diversity and/or health equity issues in their community. Figure 2 summarizes the diversity/health equity areas DFC coalitions were focused on working on.

Figure 2. Percentage of DFC coalitions Focused ON Given Diversity/Health Equity Issue



Source: DFC August 2023 Progress Report

Note: DFC coalitions could select multiple areas of focus.

DFCs Addressing Opioids and Methamphetamine:

- DFC coalitions engaged in a range of activities regarding opioids and/or methamphetamine. In line with the emphasis on prescription opioids, coalitions focused on activities to educate and communicate about prescription drug misuse and encourage disposal of unused prescription drugs. This included participating in prescription drug take-back day events, working to have prescription drug drop-off boxes available in the community, and providing residents with kits to safely store prescription drugs in the home and to deactivate/dispose no longer needed prescription drugs at home.
- DFC-funded coalitions continue to lead the way in addressing opioids and methamphetamine in communities across the Nation. They are engaged in a broad range of practices that moves from community mobilization and awareness to community action and ultimately community outcomes.
- Most DFC coalitions (78 percent) reported that they implemented activities to address opioids and/or methamphetamine, an increase over the previous year (73 percent). The primary focus of opioids work was related to addressing issues around prescription drug misuse (93 percent of coalitions doing this work), followed by fentanyl (84 percent of those doing this work). In addition, coalitions also engaged in harm reduction activities such as working to improve access to overdose prevention materials (e.g., naloxone and/or fentanyl strips; 51 percent). Just over half (51 percent) of coalitions indicated that a prescription drug disposal activity was available in their community due to the efforts of the coalition.
- DFC coalitions utilize a broad range of activities to increase collaboration using the Seven Strategies for Community Change to address opioid and methamphetamines use. These strategies include *Providing Information, Enhancing Skills, Providing Support, Enhancing Access/Reducing Barriers, Changing Consequences, Educating and Informing about Modifying/Changing Policies or Laws, and Changing Physical Design.*
- As they work to address opioids and methamphetamines, DFC coalitions are engaging with existing and new, relevant sectors as appropriate. Central to their work on addressing opioids and methamphetamines is raising awareness and educating their communities. A primary

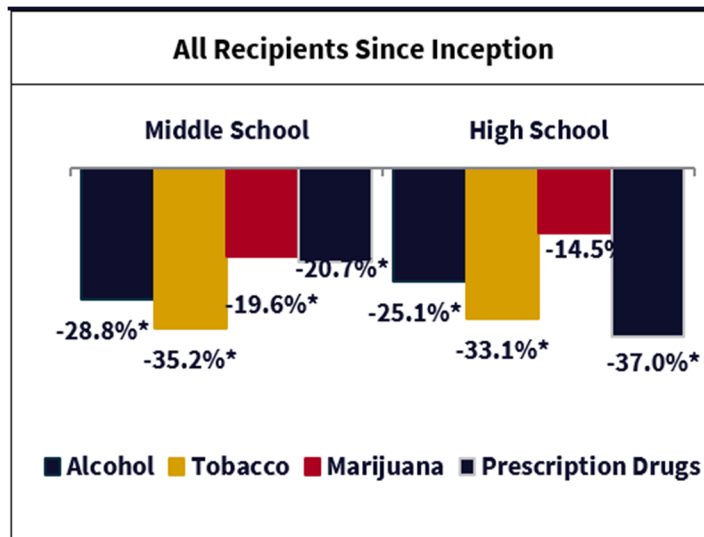
purpose of collaboration across sectors is to leverage skills and resources in the innovative planning and implementation of substance use prevention.

- In August 2023, just over three fourths of DFC coalitions (79 percent) selected prescription opioids, heroin, or both as among their top five substances on which they were focused. This was higher than the percentage of coalitions selecting prescription opioids, heroin, or both as among their top five substances in August 2022 (76 percent).
- In line with the emphasis on prescription opioids, coalitions engaged in a range of activities to educate and communicate about prescription drug misuse and encourage disposal of unused prescription drugs. This included participating in prescription drug take-back day events, working to have prescription drug drop-off boxes available in the community, and providing residents with kits to safely store prescription drugs in the home and to deactivate/dispose no longer needed prescription drugs at home.

Reductions in Youth Substance Use:

- The DFC Program collects the following core measure data from DFC-funded community coalitions on alcohol, tobacco, marijuana, and prescription drugs in at least three grades (6th – 12th) every two years on: past 30-day use; perception of risk or harm; perception of parental disapproval of use; and perception of peer disapproval of use. Across all DFC coalitions ever funded, reductions in past 30-day prevalence of use were significant among middle school and high school youth for all core substances (see figure below).

Percentage Change in Past 30-Day Prevalence of Alcohol, Tobacco, Marijuana, and Prescription Drug Misuse Among All DFC Grant Recipients Ever Funded



Source: DFC 2002–2023 Progress Reports, core measures data

Note: * indicates $p < .05$

- The following are the most current provisional evaluation summary findings from the DFC National Cross-Site Evaluation End-of-Year 2023 Report:

To summarize Middle School findings:

- prevalence of alcohol use by middle school youth declined by 28.8 percent;
- prevalence of tobacco use by middle school youth declined by 35.2 percent;
- prevalence of marijuana use by middle school youth declined by 19.6 percent; and
- prevalence of (illicit) prescription drug use by middle school youth declined by 20.7 percent from the first to the most recent data reports across all DFC coalitions ever funded.

To summarize High School findings:

- prevalence of alcohol use by high school youth declined by 25.1 percent;
- prevalence of tobacco use by high school youth declined by 33.1 percent;
- prevalence of marijuana use by high school youth declined by 14.5 percent; and
- prevalence of (illicit) prescription drug use by high school youth declined by 37.0 percent from the first to the most recent data reports across all DFC coalitions ever funded.

DFC & CARA Me Grant Oversight System:

- In FY 2016, the DFC Grant Oversight System, known as DFC *Me*, was launched. It was the first year that DFC grant award recipients were able to submit their National Evaluation Requirements into the web-based technology system. The system was upgraded to allow Comprehensive Addiction and Recovery Act (CARA) grant award recipients to submit their

reporting data directly into DFC *Me* for the first time, and renamed DFC & CARA *Me*. The CARA Program is aimed at current or former DFC grant recipients to prevent and reduce the use of opioids or methamphetamines and the misuse of prescription medications among youth ages 12-18 in communities throughout the United States.

- The DFC & CARA *Me* system continues to be the one-stop shop for coalitions to submit reports, share best practices, receive the latest program and training updates, while also providing coalitions with the ability to request technical assistance.
- ONDCP has instituted additional measures to further bolster accountability and oversight of both the DFC and the CARA programs. These additional measures include ongoing improvements to the DFC & CARA *Me* technology system to facilitate more streamlined programmatic information exchanges and greater transparency between ONDCP, CDC, and the grant recipients.
- The platform also provides ONDCP the opportunity to communicate directly with nearly 22,331 coalition members, community leaders, and other stakeholders and partners on key White House and ONDCP initiatives.
- The DFC & CARA *Me* system allows for important oversight and management functionality which include:
 - ONDCP direct access to DFC and CARA grant award recipients' progress reports;
 - The ability for ONDCP to track DFC and CARA grant award recipient compliance with statutory eligibility requirements;
 - A Learning Center for DFC and CARA grant award recipients, which serves as a space for peer-to-peer networking and sharing of success stories;
 - Expanded access to extensive CDC research and evidence-based prevention resources that coalitions can draw upon; and
 - DFC grant award recipients receiving a *Coalition Snapshot* twice a year. DFC grant award recipients are provided with a snapshot of their outcome data for alcohol, tobacco, marijuana, and prescription drugs. They also get data on strategy implementation. The *Coalition Snapshot* provides coalitions with coalition-specific data tables and graphs they can use to discuss their impact locally.
- DFC & CARA *Me* continues to improve through ongoing system upgrades. Highlights include:
 - Efforts to enhance data visualization tools with core measures and progress reporting;
 - Strengthened search capabilities that allow program staff to better manage grant recipient data. These enhancements make it possible for staff to quickly extract relevant information from the system;

- Improved system infrastructure, which provided enhanced dashboarding for events, e-blasts, and success stories;
- System improvements that allow for strengthened reporting of core measures and progress reports;
- Enhancements to the Learning Center, which allow for expanded search capabilities, so coalitions can easily access resources using expanded search terms and filters to facilitate better search results;
- System improvements that also allow for New Resource Categories including:
 - Guidance: how to, training, or explanation of a process or part of a process
 - FAQ enhancements
 - Tools and Templates: Blank, fillable, offline examples that show what to do by example

2. DRUG COURT TRAINING AND TECHNICAL ASSISTANCE

The FY 2025 request level for Drug Court Training and Technical Assistance is \$3,000,000. Drug courts offer a stark reminder of the critical role the justice system has to play in leading people with SUD towards health, stability, and recovery. Drug courts were developed as a sentencing alternative during the crack and cocaine epidemics of the late 1980s and early 1990s. Instead of viewing addiction as a moral failing, drug courts offered a public health approach that treated it as a disease and promoted compassion over punishment.

Today, drug courts are on the front lines of the opioid epidemic and have become an indispensable resource to law enforcement and other community stakeholders impacted by opioid addiction and related crime. There are more than 3,000 drug courts in the United States, including models specifically for repeat driving while intoxicated (DWI) offenders, families whose children have been removed from the home due to addiction, juveniles, tribal communities, and veterans.

Drug courts are an alternative to incarceration that combines public health and public safety to connect people involved in the justice system with individualized evidence-based treatment and recovery support services. Research demonstrates that drug courts are the most successful type of intervention in our nation's history for leading people with substance use and mental health disorders out of the justice system and into lives of health and recovery.

Drug courts are most successful with populations at a high risk for committing new crimes and a high need for treatment and other social services. The average national successful completion rate for individuals in drug courts in 2014 was 60 percent. This is more than twice the success rate of probationers with SUD and three times the rate of voluntary outpatient treatment.¹ GAO has studied drug courts and found re-arrest rates for drug court graduates to be nearly 58 percent below comparison groups.

Drug courts save critical resources, producing benefits of \$6,208 per participant, and returning up to \$27 for every \$1 invested. Drug courts are helping to break down barriers to MOUD. An individual in drug court is more likely to receive MOUD than one-on-probation or parole, or typical patient in SUD treatment. Drug courts have also improved education, employment, housing, and financial stability among their participants and have been found to promote family reunification and reduce foster care placements.

Instead of putting people behind bars, drug court demonstrates that a combination of treatment and support can lead even the most seriously addicted people in our justice system to lives of recovery, stability, and health.

¹ Hser et al. (2001). Effects of program and patient characteristics on retention of drug treatment patients. *Evaluation and Program Planning*, 24(4), 331-341. DOI: [10.1016/S0149-7189\(01\)00027-1](https://doi.org/10.1016/S0149-7189(01)00027-1)

Loveland & Driscoll (2014). Examining attrition rates at one specialty addiction treatment provider in the United States: A case study using a retrospective chart review. *Substance Abuse Treatment, Prevention and Policy*, 9(41). <https://doi.org/10.1186/1747-597X-9-41>

Wickizer et al. (1994). Completion rates of clients discharged from drug and alcohol treatment programs in Washington State. *American Journal of Public Health*, 84(2), 215-221. doi: [10.2105/ajph.84.2.215](https://doi.org/10.2105/ajph.84.2.215)

Stark (1992). Dropping out of substance abuse treatment: A clinically oriented review. *Clinical Psychology Review*, 12, 93-116.

Johnson & Tran (2020). Factors associated with substance use disorder treatment completion: A cross-sectional analysis of justice-involved adolescents. *Substance Abuse Treatment, Prevention and Policy*, 15(92). <https://doi.org/10.1186/s13011-020-00332-z>

ONDCP's primary drug court goal is to fund organizations with expert knowledge and extensive experience in training drug court and other criminal justice practitioners on the application of evidence-based practices to address SUD among justice-involved people.

The goals of the program are to (1) provide technical and training assistance (TTA) to criminal justice practitioners to develop, maintain, and enhance evidence-based interventions from arrest to reentry; (2) educate criminal justice professionals on SUD; and (3) develop TTA on MOUD and overdose reversal medications to expand use in drug courts, support recovery, and prevent overdose deaths.

The objectives are to: (1) provide tools that educate and train on statewide, regional, and national levels of no-cost, on-request curricula on evidence-based interventions at all points of engagement with the criminal justice system to ensure systematic implementation; (2) provide nationally, discipline-specific training for drug court practitioners; (3) provide statewide, regionally, and nationally for no-cost evidence-based training for treatment providers working with drug court; (4) provide TTA to drug court practitioners on evidence-based drug court standards for adult drug courts including training of census expansion with a focus on probation violators; (5) develop educational materials to address emerging issues that affect delivery of SUD treatment, opioid treatment strategies, and drug court operations; and (6) conduct evaluations of trainings provided under this grant.

3. ANTI-DOPING ACTIVITIES

The FY 2025 request level for anti-doping activities is \$14,000,000. Anti-doping activities provide resources to focus on domestic efforts, via a competitively awarded grant, to an organization based in the United States to educate athletes on the risks of using substances on the WADA's list of prohibited substances, to reduce doping in amateur athletic competitions, and the need to rely on health and behavioral standards established and recognized by the United States Olympic and Paralympic Committee (USOPC). This grant supports athlete drug testing programs, research initiatives, educational programs, and efforts to inform athletes of the rules governing the use of prohibited substances outlined in the World Anti-Doping Code. In addition, the grant funds support efforts to enforce compliance with the Code and adjudicate athlete appeals involving doping violations.

The grant award seeks to raise awareness about the health dangers and ethical implications of drug use in sport among young and future athletes. In addition, these activities support state-of-the-art research within the scientific and public health communities related to anabolic steroids and other performance enhancing drugs.

4. MODEL ACTS PROGRAM

The FY 2025 request level for Model Acts Program is \$1,250,000. The purpose of ONDCP's Model State Drug Laws initiative is to "advise States on establishing laws and policies to address illicit drug issues", and "revise such model State drug laws and draft supplementary model State laws to take into consideration changes in illicit drug use issues in the State involved." 21 U.S.C. § 1703(i)(1). Specifically, this initiative serves to (1) advise States on establishing laws and policies to address alcohol and other drug issues, based on the model State drug laws developed by the President's Commission on Model State Drug Laws in 1993, and (2) revise such model State drug laws and draft supplementary model State laws to take into consideration changes in the alcohol and drug misuse problems in the States involved.

5. SECTION 103 OF PUBLIC LAW 114-98

The FY 2025 request level for Section 103 of Public Law 114-198 is \$5,200,000. The Community-Based Coalition Enhancement Grants to Address Local Drug Crises (CARA Local Drug Crises) Program was created by the Comprehensive Addiction and Recovery Act of 2016. Grants awarded through the CARA Local Drug Crises Program are intended as an enhancement to current or formerly funded DFC Support Program grant award recipients, as established community-based youth substance use prevention coalitions capable of effecting community-level change. Coalitions receiving CARA Local Drug Crises funds are expected to work with leaders in their communities to identify and address local youth opioid, methamphetamine, and/or prescription medication misuse and create sustainable community-level change.

Grants awarded through this program are intended to:

- Enhance the ability of established community organizations to create community-level change regarding opioids or methamphetamines and the misuse of prescription medications;
- strengthen collaboration among communities, the federal government, state, local, and tribal governments to reduce the use of opioids or methamphetamines and the misuse of prescription medications among youth within the area served by the coalition;
- enhance intergovernmental cooperation and coordination on the issue of opioids or methamphetamines and the misuse of prescription medications among youth; and
- develop a comprehensive community-wide action plan to address the issue of opioids or methamphetamines and the misuse of prescription medications among youth.

Per the statutory authority for this program (Section 103 of the Comprehensive Addiction and Recovery Act), the goal of this program is to prevent and reduce the misuse of opioids or methamphetamines and the misuse of prescription medications among youth ages 12-18 in communities throughout the United States.

Key findings from the most recent CARA Local Drug Crises Program's National Cross-Site Evaluation are detailed below:

- CARA coalitions were awarded in 64 communities across 33 states. They focused on prevention efforts around prescription drugs (98 percent), fentanyl (66 percent), heroin (53 percent), and methamphetamine (48 percent). Based on community demographics, these coalitions potentially served a diverse population of youth and adults, many of whom were at-risk or historically underserved.
- Building capacity was a primary focus in the first seven months of the CARA Cohort 2 grant award. CARA coalitions mobilized nearly 3,300 people to engage in youth substance use prevention and generally (75 percent) maintained the DFC Program's 12-sector community coalition model.
- CARA coalitions implemented a comprehensive range of approaches, including evidence-based practices and innovations. Sector members supported strategy implementation including several coalitions that successfully engaged youth in strategy implementation.

6. WORLD ANTI-DOPING AGENCY (WADA) DUES

The FY 2025 request level for WADA Dues is up to \$3,843,000. This increase was confirmed in the WADA meeting. It is important that we continue to be able to pay our full dues before the United States again serves as an Olympic host. Failure to provide the full dues payment will result in the imposition of sanctions on the United States, including the removal of all Americans from roles within WADA's governing boards and committees. It may also impact the ability for the United States to participate in international sports competitions, including the Olympics.

WADA was established in 1999 as an international independent agency composed and funded equally by the sports movement and governments of the world. Its key activities include scientific research, education, development of anti-doping capacities, and monitoring of the World Anti-Doping Code—the document harmonizing anti-doping policies in all sports and all countries. ONDCP represents the United States before the agency, serving on the organization's senior leadership board, the Executive Committee, and is responsible for the payment of United States dues.

In addition to its work on WADA, ONDCP also serves as the President of the Americas Sports Council (CADE) on behalf of the United States and regularly coordinates sports policies with western hemisphere counterparts.

7. POLICY RESEARCH

The FY 2025 request level for Policy Research is \$1,300,000. This program was last funded in FY 2011. Policy research funds will be used to conduct short-turnaround contract research projects to address specific issues concerning policy and in support of the *Strategy*. ONDCP requires Policy Research funds to inform the ONDCP Director and senior staff of the current trends in drug use, drug supply, and related consequences. Of particular interest are research projects focusing on addressing data gaps in ONDCP's policy priorities, particularly in the areas of harm reduction and emerging threats. The Policy Research funds will support contract work to obtain data, conduct analyses (usually secondary analyses of existing data), and prepare reports and briefings suitable to inform policy in the near and long term.

Past projects have included estimation of drug consumption in the United States, including the number of heavy chronic drug users; estimation of the amount of drugs available for consumption in the United States; and additional testing of already collected urine samples to identify emerging drug trends. The goal of the Policy Research program is to conduct rigorous and timely research projects that produce results to inform the drug policy formulation and assessment process. In many cases, ONDCP is able to cobble together data shared by interagency partners. However, in some cases that is not possible as no other agency has ONDCP's unique needs for both supply and demand indicators, and the drug policy landscape is changing so rapidly; without funds for same year deployment, ONDCP cannot properly maintain a cutting edge understanding of the drug policy context. Because of the covert nature of the illicit drug supply, ONDCP especially needs more data on drug supply reduction efforts and their impacts. Some examples of projects ONDCP should fund and how they will uniquely inform drug policy include:

- A major economic evaluation of the costs, health and societal benefits and impacts of meeting the *Strategy* and Methamphetamine Plan objectives and the economic impact of failing to meet those objectives including their impacts on both the health, public safety and correctives sides of the equation.
- A contract to support a study on drug involvement by people in the criminal justice system including a query about race, ethnicity and socioeconomic class and their actual relationship of drug-related violent crime so as to address the narrative that drug use fuels criminal behavior which emerges whenever sentencing reform and mandatory minimums are discussed.
- Support for additional state policy research on items of unique interest to ONDCP such as low-threshold buprenorphine at syringe services programs and screening and diagnostic services for methamphetamine use disorder in cardiac services.
- Access to private sector databases that charge subscriber access fees to examine true rates of diversion and prescribing of controlled substances and antidotes to understand the impact of these on public health and safety.

- A research project to determine the economic and non-pecuniary impacts that supply reduction activities have on drug trafficking networks and drug prices in the United States including cost to the United States of performing those supply reduction activities. This would allow supply reduction efforts to focus on activities that have the biggest impact on drug prices relative to their cost to the United States.
- A study to measure illicit drug and precursor production and flows in order to determine the impact supply reduction activities have on reducing the supply of drugs to the United States, so that the quantities in which drugs are being produced are known, and how much are being trafficked to the United States. The process of mapping out drug production and trafficking will inform supply reduction efforts and assessments of their effectiveness.

Although these cannot likely all be accommodated with a \$1,300,000 request, ONDCP intends to rigorously assess all existing federal data sources across agency partners to determine where it can leverage data sources at other agencies. For example, this includes looking to buying into contracts to obtain access to data or an additional analyst license, as well as supporting low cost research, such as dissertation grants and supplements to existing projects. Further, such policy research projects will serve to help ONDCP compile an actionable framework of all data sources that might be used to inform the *Strategy's* refinement, implementation, evaluation and refinement over time in response to emerging trends and threats in substance use. Additionally, projects such as these are critical for examining and addressing health inequities in substance use in the United States.

8. PERFORMANCE AUDITS AND EVALUATIONS

The FY 2025 request level for Performance Audits and Evaluations is \$500,000. The SUPPORT Act provides (codified at 21 U.S.C. § 1703(d)(7)) that the Director of National Drug Control Policy may “monitor implementation of the National Drug Control Program, including...conducting program and performance audits and evaluations.” In addition to coordinating and overseeing the implementation of national drug control policy, including the *Strategy*, ONDCP is responsible to maintain a national drug control performance measurement system. The system, comprising of three parts, is designed to inform the community of stakeholders in drug policy of the progress toward the achievement of the *Strategy's* goals and objectives. But the system is much more than a measurement tool with which to track progress: it is a management tool which brings accountability to our nation’s drug policy. Through performance monitoring, agency programs can be held accountable for achieving results.

Submitted with the *Strategy*, the *PRS report* provides an assessment of the Nation’s annual progress at achieving the *Strategy* goals and objectives. Also submitted with the *Strategy* is the *Assessment*, which provides an assessment of the progress made by each NDCPA toward achieving the *Strategy* goals and objectives. Finally, Performance reviews and evaluations examine the efficiency and effectiveness of federal efforts, and provide an avenue for corrective action if the *PRS* and *Assessment* goals/objectives are not being met.

ONDCP uses a three-part program to complete these performance evaluations: ONDCP staff-led program audits and evaluations of NDCPA programs and their *Assessment* results; audits conducted by the NDCPA Inspectors General (IG) (as authorized by 21 U.S. Code § 1703(d)(7)(B)) focusing on PRS measures that are not progressing; and contracted review and evaluation support, contingent upon appropriated funding, which performs both *PRS* and *Assessment*-level reviews and program audits. In FY 2024, the *PRS* will have data to measure progress against the statutorily-required two year targets. This funding will be critical to allow the Administration to adjust the *Strategy's* policy and program actions accordingly to achieve its goals and objectives via performance audits and evaluations.

9. EVOLVING AND EMERGING DRUG THREATS

The FY 2025 request level for Evolving and Emerging Drug Threats is \$11,000,000. Through enacting the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment (SUPPORT) for Patients and Communities Act of 2018, 21 U.S.C. § 1708, Congress codified its intention for the Federal government to closely monitor evolving and emerging drug threats and to act early in the development of a national trend to prevent such threats from reaching levels seen during the opioid crisis. The ONDCP emerging threats authorization allows the Director to work with the interagency to identify funding requirements that respond to emerging threats. The funding requested by ONDCP will allow the Administration to provide targeted funding for these threats as the Administration develops plans to address these threats.

The Emerging Threats authorization envisions timely identification and designation of emerging drug threats to the citizens of the United States. The Emerging Threats Committee is responsible for monitoring drug trends and identifying new or evolving drug threats as well as for considering the criteria upon which such a designation will be made and promulgated by the ONDCP Director. Upon the declaration of an emerging drug threat, the authorization mandates that (1) a public statement be published on the ONDCP web portal and the appropriate Congressional committees are notified and (2) an Emerging Threat Response Plan is developed and implemented by ONDCP in collaboration with relevant NDCPAs. The authorization also includes authority to award contracts, enter into interagency agreements, manage individual projects, and conduct other activities in support of the identification of emerging drug threats and in support of the development, implementation, and assessment of any Emerging Threat Response Plan.

The purpose of the emerging threats authority includes: preventing substance misuse among people in the United States; educating the public about the dangers and negative consequences of substance misuse; supporting evidence-based prevention programs targeting the attitudes, perception, and beliefs of persons concerning substance use; encouraging individuals affected by SUD to seek treatment; combating the stigma of addiction and SUD; and, informing the public about the dangers of any drug identified by the Director as an emerging drug threat.

This initiative supports the *Strategy* and is responsive to the President's top priority to reduce the number of Americans dying from these dangerous drugs while simultaneously anticipating changes in the drug environment in both the public health and public safety domains. Achieving the President's objective of reducing the number of Americans losing their lives to drug overdose requires not just policy action by ONDCP and NDCPAs, but also the necessary funding to effectively assess evolving and emerging drug threats and then to develop and implement the required Response Plan for designated substances. The Response Plan (while customized for any particular emerging threat) would generally include actions focused on testing strategies for the novel substance or combination of substances; comprehensive data systems to monitor emerging threat prevalence and trends; interventions to prevent and treat overdoses and other harms of using the emergent substances; rapid applied research; and assessing the source and supply of the novel drug threats and development of strategies to reduce the supply of the emergent drug. In taking these steps the administration will make additional progress toward implementing the President's comprehensive, evidence-based *Strategy*.

ONDCP has taken the following actions to address the evolving and emerging drug threats:

- ONDCP convened the Emerging Threats Committee annually as required by the SUPPORT Act (most recently January 2023).
- In January 2023, ONDCP published the directive that establishes the criteria and procedures that ONDCP will use in designating and terminating the designations of emerging and continuing drug threats. The directive fulfills ONDCP's statutory duty to promulgate and publicize standards for making and terminating emerging drug threat designations.
- ONDCP oversaw the development of a plan to address the emerging threat of methamphetamine use in the United States, garnered reports from the interagency on efforts to address methamphetamine-related issues, and compiled an overarching report on these collective efforts.
- ONDCP designated fentanyl adulterated with xylazine as an emerging threat for the nation in April 2023, and published a national response plan 90 days later. As agencies now work on key actions in this response plan, no new resources are available to support their actions thereby limiting the impact and scope of what they can achieve. As background, xylazine (a veterinary tranquilizer) especially as an adulterant of fentanyl has serious effects on human morbidity and mortality.

VII. HIGH INTENSITY DRUG TRAFFICKING AREAS PROGRAM

A. MISSION STATEMENT AND PROGRAM DESCRIPTION

The purpose of the HIDTA Program, as defined by its authorizing statute [21 U.S.C. 1706 (d)], is to reduce drug trafficking and drug production in the United States by:

- (A) facilitating cooperation among federal, state, local, and Tribal law enforcement agencies to share information and implement coordinated enforcement activities;
- (B) enhancing law enforcement intelligence sharing among federal, state, local, and Tribal law enforcement agencies;
- (C) providing reliable law enforcement intelligence to law enforcement agencies needed to design effective enforcement strategies and operations; and,
- (D) supporting coordinated law enforcement strategies which maximize the use of available resources to reduce the supply of illegal drugs in designated areas and in the United States as a whole.

The HIDTA Program principally supports the enforcement aspect of the *Strategy* by providing assistance to Federal, state, local, and Tribal law enforcement agencies operating in areas determined to be critical drug trafficking regions of the United States. As such, the program provides resources to these agencies in each HIDTA region to carry out activities that address the specific drug threats of that region. At the local level, each HIDTA is directed and guided by an Executive Board composed, in most cases, of an equal number of regional federal and non-federal (state, local, and tribal) law enforcement leaders.

A central feature of the HIDTA Program is the discretion granted to the Executive Boards to design and implement initiatives that confront the specific drug trafficking threats in each HIDTA region. This flexibility ensures that each HIDTA Executive Board can tailor its strategy and initiatives to local conditions and can respond more quickly to address region-specific threats. Each year, every HIDTA Executive Board assesses the drug trafficking threat in its defined area, develops a strategy to address the threat, designs initiatives to implement the strategy, and proposes funding needed to carry out the initiatives in the coming year. Each HIDTA's annual strategy contains its overall performance objectives to be attained through various initiatives.

The types of initiatives designed and implemented by each HIDTA's Executive Board to address the specific drug trafficking threats in its region include:

- 1) Enforcement initiatives that engage in multi-agency investigative, interdiction, fugitive, and prosecution activities targeting DTOs, MLOs, drug production organizations, drug gangs, drug fugitives, and other serious crimes with a drug nexus;

- 2) Intelligence and information-sharing initiatives that furnish intelligence (tactical, operational, and strategic), deconfliction services (event and case/subject)², information collection and dissemination, and other analytical support for HIDTA initiatives and participating agencies;
- 3) Support initiatives that include activities beyond the core enforcement and intelligence and information sharing initiatives, e.g., training, treatment, crime and forensic labs, resource (shared expenses such as leases, copiers, and landlines), and information technology initiatives;
- 4) Prevention initiatives that facilitate coordination and collaboration between law enforcement and the prevention community to reduce drug use and its consequences and prevent drug-related crime. Collaboration may include reaching out to or partnering with school systems, student leaders, parent groups, medical and health professionals, faith-based organizations, religious leaders, drug prevention agencies, public health agencies, and coalitions dedicated to reducing substance abuse. Prevention initiatives can also enable law enforcement personnel to participate in community-based drug prevention programs;
- 5) Substance use treatment initiatives that link law enforcement agencies and the public health communities together to promote and provide treatment of SUD and support recovery; and
- 6) Management initiatives and support initiatives that provide the overall coordination and integration of initiatives, and fund basic overhead (e.g., salaries and fringe benefits for the Executive Director, Deputy Director, and other administrative staff positions approved by the Executive Board; rent; and facilities charges for administrative staff).

² Event deconfliction ensures law enforcement agencies working in close proximity of each other are immediately notified when enforcement actions are planned in a manner that threatens effective coordination or that compromises enforcement operations. Notification of such conflicts enhances officer safety and promotes the coordination of operations in a multi-agency environment. Similarly, target (case/subject) deconfliction alerts investigators when there is an investigatory cross-over by enforcement agencies. Notification of duplicate targets encourages investigators to share information and resources.

B. APPROPRIATION LANGUAGE

FEDERAL DRUG CONTROL PROGRAMS

Federal Funds

**HIGH INTENSITY DRUG TRAFFICKING AREAS PROGRAM
(INCLUDING TRANSFERS OF FUNDS)**

For necessary expenses of the Office of National Drug Control Policy's High Intensity Drug Trafficking Areas Program, \$290,200,000, to remain available until September 30, 2026, for drug control activities consistent with the approved strategy for each of the designated High Intensity Drug Trafficking Areas ("HIDTAs"), of which not less than 51 percent shall be transferred to State and local entities for drug control activities and shall be obligated not later than 120 days after enactment of this Act: Provided, That up to 49 percent may be transferred to Federal agencies and departments in amounts determined by the Director of the Office of National Drug Control Policy, of which up to \$4,000,000 may be used for auditing services and associated activities and \$2,000,000 shall be for the Grants Management System for use by the Office of National Drug Control Policy: Provided further, That any unexpended funds obligated prior to fiscal year 2023 may be used for any other approved activities of that HIDTA, subject to reprogramming requirements: Provided further, That the Director shall notify the Committees on Appropriations of the initial allocation of fiscal year 2025 funding among HIDTAs not later than 45 days after enactment of this Act, and shall notify the Committees of planned uses of discretionary HIDTA funding, as determined in consultation with the HIDTA Directors, not later than 90 days after enactment of this Act: Provided further, That upon a determination that all or part of the funds so transferred from this appropriation are not necessary for the purposes provided herein and upon notification to the Committees on Appropriations of the House of Representatives and the Senate, such amounts may be transferred back to this appropriation.

Note. — A full-year 2024 appropriation for this account was not enacted at the time the Budget was prepared; therefore, the Budget assumes this account is operating under the Continuing Appropriations Act, 2024 and Other Extensions Act (Division A of Public Law 118–15, as amended). The amounts included for 2024 reflect the annualized level provided by the continuing resolution.

Changes from FY 2023 Enacted Appropriations Language

Language Provision	Explanation
<i>\$290,200,000</i>	Dollar change.
<i>to remain available until September 30, 2026</i>	Date change.
<i>\$4,000,000 may be used for auditing services and associated activities</i>	Dollar change.
<i>\$2,000,000 shall be for the Grants Management System</i>	Dollar change.
<i>That any unexpended funds obligated prior to fiscal year 2023 may be used for any other approved activities of that HIDTA</i>	Date change.
[Provided further, That each HIDTA designated as of	Text not included in the FY 2025

September 30, 2022, shall be funded at not less than the fiscal year 2022 base level, unless the Director submits to the Committees on Appropriations of the House of Representatives and the Senate justification for changes to those levels based on clearly articulated priorities and published Office of National Drug Control Policy performance measures of effectiveness]

request. Text exclusion is similar to the FY 2024 request. Language limits the ONDCP Director's authority to allocate resources to areas experiencing the highest levels of drug trafficking and production.

C. SUMMARY TABLES OF PROGRAM AND FINANCING

**High Intensity Drug Trafficking Areas
(\$ in thousands)**

Line Number	Program by Activities	FY 2023 Actual	FY 2024 Annualized CR	FY 2025 Request
00.01	Grants and Federal Transfers	\$271,877	\$294,700	\$284,200
00.01	HIDTA Auditing Services and Associated Activities	\$5,784	\$5,800	\$4,000
00.01	Grants Management System	\$2,978	\$1,500	\$2,000
10.00	Total Obligations	\$280,639	\$302,000	\$290,200
	Financing:			
39.00	Budget Authority	\$302,000	\$302,000	\$290,200
	Budget Authority:			
40.00	Appropriation	\$302,000	\$302,000	\$290,200
41.00	Transferred to Other Accounts	(\$23,000)	(\$23,000)	(\$23,000)
43.00	Appropriation (adjusted)	\$279,000	\$279,000	\$267,200
	Relation of Obligations to Outlay:			
90.00	Total Outlays	\$276,566	\$402,000	\$253,000

D. PERSONNEL

No personnel costs are associated with the HIDTA program. Personnel responsible for providing policy direction and oversight for the HIDTA program are funded from ONDCP's S&E Operations account.

E. SUMMARY TABLES OF BUDGET AUTHORITY BY OBJECT CLASS

**High Intensity Drug Trafficking Areas
(\$ in thousands)**

Line Number		FY 2023 Enacted	FY 2024 Annualized CR	FY 2025 Request
25.00	High Intensity Drug Trafficking Areas – Obligations	\$279,000	\$279,000	\$267,200
99.00	Transfer to Federal Accounts	\$23,000	\$23,000	\$23,000
99.00	Total Budget Authority	\$302,000	\$302,000	\$290,200

F. FY 2025 BUDGET REQUEST

The FY 2025 request level for HIDTA is \$290,200,000. Of the requested amount, the request includes up to \$4,000,000 for auditing services and associated activities. The request also includes \$2,000,000 for the Grants Management System. A brief synopsis of each item follows:

- Financial audits: funds a contract with an independent accounting firm to conduct financial audits of HIDTA fiduciaries.
- Performance data reliability audits: funds a contract with an independent evaluation firm to conduct performance data reliability audits of the regional HIDTAs.
- Monitoring and evaluation support: funds a contract that supports the HIDTA grant monitoring by conducting annual compliance assessment and validation, and continuous improvement and knowledge management.
- Performance Management Process (PMP) system: supports grant awards for PMP maintenance and enhancements.
- Financial- and audit-related travel: funds financial- and audit-related ONDCP HIDTA staff travel required to ensure the effective operation, performance, and integrity of the HIDTA Program.
- Reimbursement review: supports a process to ensure robust review of regional HIDTAs reimbursement packages, and ensure sound financial management.
- Data privacy and cybersecurity assessment: funds a contract with an independent consulting firm to audit cybersecurity protocols and practices, and conduct internal and external vulnerability assessments.
- Automated license plate reader landscape analysis: funds an independent assessment of current license plate reader policies and procedures and development of requirements and best practices.
- Grants Management System: this funds the operation and maintenance costs of the system.

The HIDTA Program is an innovative and unique program focused on disrupting and dismantling DTOs. The foundation of the HIDTA Program is developing and strengthening partnerships among law enforcement, as well as the public health community. The HIDTA Program is dynamic and resources are allocated to attack drug threats as they evolve. While the HIDTA program has grown since its inception in 1988, it has continued to concentrate its efforts on the areas most threatened by drug trafficking and MLOs. ONDCP is aware of Congress's strong support for the HIDTA Program, and is proud that this program has put resources to use all across the country to address the drug problem our communities face. Adequate resources in all 50 states in HIDTA designed areas is needed to help coordinate the federal, State, Tribal, and local response to drug trafficking threats.

The purpose of the HIDTA Program, as defined by its authorizing statute 21 U.S.C. 1706, is to reduce drug trafficking and drug production in the United States by:

- (A) facilitating cooperation among federal, state, local, and Tribal law enforcement agencies to share information and implement coordinated enforcement activities;
- (B) enhancing law enforcement intelligence sharing among federal, state, local, and Tribal law enforcement agencies;
- (C) providing reliable law enforcement intelligence to law enforcement agencies needed to design effective enforcement strategies and operations; and,
- (D) supporting coordinated law enforcement strategies which maximize the use of available resources to reduce the supply of illegal drugs in designated areas and in the United States as a whole.

There are 33 HIDTA regions currently located in the 50 states, Puerto Rico, the U.S. Virgin Islands, and the District of Columbia.

The HIDTA Program principally supports the enforcement aspect of the *Strategy* by providing assistance to federal, state, local, and Tribal law enforcement agencies operating in areas determined to be critical drug trafficking regions of the United States. As such, the program provides resources to these agencies in each HIDTA region to carry out activities that address the specific drug threats of that region. At the local level, each HIDTA is directed and guided by an Executive Board composed, in most cases, of an equal number of regional federal and non-federal (state, local, and Tribal) law enforcement leaders.

A central feature of the HIDTA Program is the discretion granted to the Executive Boards to design and implement initiatives that confront the specific drug trafficking threats in each HIDTA region. This flexibility ensures that each HIDTA Executive Board can tailor its strategy and initiatives to local conditions and can respond more quickly to address region-specific threats. Each year, every HIDTA Executive Board assesses the drug trafficking threat in its defined area, develops a strategy to address the threat, designs initiatives to implement the strategy, and proposes funding needed to carry out the initiatives in the coming year. After the end of a program year, the Executive Board prepares an annual report describing the HIDTA's performance against the overall objectives outlined in its strategy for that year.

The HIDTA accomplishments are detailed below:

- The Overdose Response Strategy (ORS) was launched in 2015 with an initial investment of \$2.5 million in HIDTA discretionary funds to address the heroin and opioid epidemic by coordinating the efforts of regional HIDTA programs across 15 states. Its vision was to support drug intelligence officers (DIOs) and public health analysts (PHAs) to facilitate public safety and public health collaboration across geographic boundaries. In 2021, ONDCP incorporated into the HIDTA baseline funding plan support for compensation and travel costs for 60 full time DIO positions allocated across the 33 regional HIDTAs. The HIDTA baseline plan also supported two public safety advisory positions, administered through the National HIDTA Assistance Center, which coordinate the efforts of the DIOs and serve as central liaisons with their public health counterparts. Finally, the baseline plan provided funding for annual meetings and training. As a complement to HIDTA funding, CDC provides funding to support full time PHA positions in all 33 regional HIDTAs. Full implementation of a national public health and public safety approach for the ORS in each HIDTA region supports ONDCP and

CDC's shared mission of reducing fatal and nonfatal overdoses by developing and sharing information about heroin, fentanyl, methamphetamine, and other drugs across agencies and by offering evidence-based intervention strategies. Furthermore, this allocation addresses directives from the Appropriations Committees to support HIDTAs in states with high levels of SUD. This allocation also responded to statutory language that permitted ONDCP to implement a drug overdose response strategy in HIDTA Regions on a nationwide basis.

- ORS has an ambitious goal – to leverage its strategic partnerships to target the organizations and individuals trafficking deadly drugs, such as fentanyl and methamphetamine, so that overdoses decrease and lives are saved. ORS is achieving this goal by creating a human network spanning the law enforcement and public health communities to share actionable information. The HIDTA-funded DIOs, for example, are charged with transmitting felony arrest notifications (FANs), that is sharing information about individuals charged with felony drug offenses to a law enforcement agency where the individual permanently resides. With this information, law enforcement agencies can open new investigations or support existing investigations into specific individuals or larger DTOs. The FAN program helps DIOs build trust with law enforcement agencies around their state, which are then leveraged to implement evidence-based overdose prevention and response strategies.
- In 2022, HIDTA initiatives identified 9,135 DTOs and MLOs operating in their areas of responsibility (AOR) and reported disrupting or dismantling 3,105 DTOs/MLOs. Nearly 55 percent of the disrupted or dismantled DTOs/MLOs were determined to be part of multi-state or international operations. In the process, HIDTA initiatives removed \$22.3 billion (wholesale value) of drugs from the market and seized \$493.7 million in cash from drug traffickers.
- In the course of drug seizure operations in 2022, HIDTA task forces seized a total of 31,243 firearms. As a result, HIDTA and the Bureau of Alcohol, Tobacco, Firearms and Explosives (ATF) have aligned efforts to establish Crime Gun Intelligence Centers to address drug-related violence. These centers greatly enhance intelligence sharing related to firearms, gun tracing, and violent drug trafficking offenders. To ensure continued success with these efforts, ATF, is co-located with HIDTA initiatives to gather and consolidate intelligence on illegal firearm use and trafficking and makes that information available to law enforcement agencies within HIDTA Regions.
- HIDTA includes law enforcement representation at different levels of federal, state, local, and Tribal governments. Drug enforcement efforts should target those criminal organizations most responsible for producing, transporting, and distributing illegal drugs into, and within the United States, and should not disproportionately focus on specific racial or ethnic groups. ONDCP believes it is critical to approach the HIDTA Program with an equity lens, and is assessing current practices to strengthen the current understanding of barriers and opportunities.
- The HIDTA Program reaches many underserved communities, including persons with SUD. HIDTA's ORS is a cross-agency, interdisciplinary collaboration to reduce overdoses and save lives. Through ORS, public health analysts support promising interventions like post-overdose outreach programs. Such programs follow up, either in person or telephonically, with people who have experienced a non-fatal overdose, to offer them the lifesaving drug, naloxone, and

treatment referrals among other services. Public health analysts also support efforts to inform communities about the risks associated with drug use, focus on addressing trauma, and reach young people in high schools and colleges. Analysts often provide information about drug use and overdose trends in their jurisdiction, to inform the development of interventions for underserved and at-risk populations.

- At the regional level, HIDTAs engage with underserved communities, including Tribal members and law enforcement. The HIDTA Program serves as a resource for much-needed services including substance use prevention activities, training, equipment, prosecutorial support, and law enforcement deconfliction.

The following requests from each HIDTA include:

- (1) The amount of funding each HIDTA requested.
- (2) Each HIDTA's justification, which explains:
 - (A) the reasons for the proposed funding level and how the request level was determined based on a current assessment of the drug trafficking threat in each HIDTA;
 - (B) how such funding will ensure that the goals and objectives of each such area will be achieved; and
 - (C) how such funding supports the *Strategy*.
- (3) The amount of HIDTA funds used to investigate and prosecute organizations and individuals trafficking in methamphetamine in the prior calendar year and a description of how those funds were used.

As part of the documentation that supports the President's annual budget request for the ONDCP, the Director submits to Congress an annual budget justification, with specific information about HIDTA funds. (Reference 21 U.S.C. § 1706(i), (o).) Therefore, once the funding distribution has been approved, each HIDTA will proceed to implement its strategy to address the threat identified in its region that is approved by ONDCP.

Summary of HIDTA Program Request

HIDTA	FY 2025 Request
Alaska	\$2,587,000
Appalachia	\$10,146,950
Arizona	\$13,347,756
Atlanta/Carolinas	\$8,145,753
Central Florida	\$3,849,500
Central Valley California	\$4,734,000
Chicago	\$6,739,093
Gulf Coast	\$9,200,612
Hawaii	\$3,677,998
Houston	\$11,526,802
Indiana	4,659,249
Liberty Mid-Atlantic	\$6,368,351
Los Angeles	\$16,187,469
Michigan	\$3,980,117
Midwest	\$15,914,383
Nevada	\$3,453,000
New England	\$4,735,042
New Mexico	\$9,502,108
New York/New Jersey	\$15,348,378
North Central	\$7,811,996
North Florida	\$3,845,500
Northern California	\$3,657,500
Northwest	\$5,031,349
Ohio	\$5,871,418
Oregon/Idaho	\$4,229,000
Puerto Rico/United States Virgin Islands	\$10,577,433
Rocky Mountain	\$10,931,379
San Diego/Imperial Valley	\$11,899,873
South Florida	\$14,418,286
South Texas	\$10,129,143
Texoma	\$4,249,500
Washington/Baltimore	\$16,487,073
West Texas	\$9,211,634
National HIDTA Assistance Center	\$4,086,770
Total Base Allocation	\$276,541,415
Auditing Services and Associated Activities	\$4,000,000
Grants Management System	\$2,000,000
Discretionary Funds	\$7,658,585
Total	\$290,200,000

Alaska HIDTA

(1) Amount of Funding Requested for FY 2025: \$2,587,000

(2) Justification

(A) Threat Assessment

The Alaska HIDTA (AK HIDTA) assesses fentanyl to be the greatest threat by dosage unit in Alaska and this mirrors the national trend. The drug threat environment has shifted in the AK HIDTA from primarily methamphetamine trafficking and abuse to a dual threat that increasingly leans towards high availability and use of opioid-based drugs. Marijuana and cocaine also pose significant threats and are widely available in the state. This assessment is based on federal, state, and local law enforcement drug seizure reporting. In 2022, the AK HIDTA program seized 107 kilograms of methamphetamine, 44 kilograms of heroin, 26 kilograms and 5013 dosage units of fentanyl, 24 kilograms of cocaine/crack, and 260 kilograms of marijuana and marijuana plants.

The disparity between prices in the contiguous United States and Alaska presents an incentive for DTOs to import and distribute drugs into and throughout the state. Moreover, there is a strong correlation between distance from a regional hub and price – the further a drug is trafficked from a regional hub the greater the retail price. The high rate of return for drug traffickers greatly incentivizes supply into and throughout Alaska. Illegal drugs are predominantly imported and then distributed throughout the state. Alaska is not known to produce illegal drugs. This trend is likely to continue as Alaska remains an attractive marketplace for DTOs due to its remote location, high demand for illicit substances, and limited law enforcement resources.

DTOs utilize several similar methods of transportation to import and distribute cocaine, methamphetamine, and opioids into and throughout Alaska. The most common methods of transportation are by air and parcel, followed by road, ferry, and boat. Due to Alaska's geography, there does not appear to be a difference in transportation method by drug type. DTOs are known to employ persons from outside Alaska to transport drugs within the state, and across state lines. Additionally, there is no law enforcement presence on the network of ferries operating in the region; therefore, vehicles and passengers are not inspected prior to boarding. These challenges make it difficult for limited law enforcement personnel to effectively detect or stop traffickers.

(B) Strategy for Achieving Goals and Objectives

The AK HIDTA consists of enforcement, support, management, and intelligence initiatives. The enforcement initiatives include Statewide Prosecution, Fugitive Task Force, Southeast Alaska Cities Against Drugs Task Force, Fairbanks Area-wide Narcotics Task Force, and the Southcentral Area-wide Narcotics Task Force.

The enforcement initiatives target significant DTOs through intelligence-led investigations that focus on distribution, interdiction, financial activity, and drug-related violence within Alaska. The Investigative Support Center (ISC) provides support for Law Enforcement Agencies (LEAs) to identify, disrupt, and/or dismantle DTOs by collecting, analyzing, and

disseminating information on the targets of investigations.

(C) Support of the *National Drug Control Strategy*

AK HIDTA supports the *Strategy* by dismantling or disrupting DTOs and/or MLOs, thereby disrupting the market for illegal drugs. This is accomplished through coordinated investigative efforts among federal, state, and local LEAs. Additionally, all investigative efforts are supported with active intelligence gathering and information sharing strategies to ensure that the most efficient and effective means are used to accomplish the mission.

(3) Methamphetamine

Methamphetamine availability, specifically Mexican-produced crystal methamphetamine, is increasing throughout Alaska. Law enforcement reports indicate that DTOs import and distribute methamphetamine in larger quantities than any other illicit drug. There is very limited, if any, local production of methamphetamine. The primary means of importation is via parcels such as the United States Postal Service (USPS) and commercial parcel carriers. The AK HIDTA does not track funding specifically used to address methamphetamine trafficking.

Appalachia HIDTA

(1) Amount of Funding Requested for FY 2025: \$10,146,950

(2) Justification

(A) Threat Assessment

The Appalachia HIDTA (AHIDTA) faces substantial threats from the trafficking and use of fentanyl, crystal methamphetamine, heroin, cocaine, diverted pharmaceuticals, and synthetic drugs like lysergic acid diethylamide (LSD) and 3,4-methylenedioxy-methamphetamine (MDMA), as well as drug-related violence. Over the past three years, synthetic opioids such as fentanyl and fentanyl-analogs have become increasingly popular and are a highly credible threat to the region. The trafficking and abuse of illicit drugs throughout the four-state AHIDTA region continues to pose a significant threat to the citizens of Appalachia. international and multi-state DTOs in origin, continue to flood the region with fentanyl and fentanyl analogs, crystal methamphetamine, and heroin by utilizing vast arrays of intersecting roadways. Seizures of bulk fentanyl increased from 66.8 kilograms in 2021, to 413.4 kilogram in 2022, crystal methamphetamine increased 216 percent, and seizures of cocaine increased 62 percent from the previous year. Fentanyl dosage unit seizures increased from 33,038 in 2021, to 167,272 in 2023 and are most commonly sold as diverted pharmaceuticals. Crack cocaine continues to be primarily converted in larger metropolitan area and seizures of crack cocaine increased 43 percent from the previous year. The AHIDTA region continues to be a significant source of domestically produced illicit marijuana and is often an import destination for illicit marijuana cultivated outside the United States.

The majority of the AHIDTA region is located within a reasonable driving distance to metropolitan areas within the midwestern, eastern, and southeastern parts of the United States. Fentanyl, heroin, cocaine, and crystal methamphetamine are commonly transported from regional areas such as Detroit, Michigan; Columbus, Ohio; Atlanta, Georgia; Pittsburgh, Pennsylvania; neighboring parts of Indiana, North Carolina, Missouri, and Maryland. Marijuana and marijuana derivatives imported into the AHIDTA region are commonly transported from western states such as California, Colorado, and Washington. Additionally, it is not uncommon for imported illicit drugs to have a point of origin within Mexico, destined for the HIDTA region.

Transportation to and from the AHIDTA region is conducted primarily by private and commercial vehicles. A variety of highways and secondary road corridors traverse the AHIDTA region providing easy access to the area. In all, nine major interstate systems span the AHIDTA region, allowing for effortless access by roadway into, throughout, and out of locations known to be major drug distribution points within the eastern United States. The importation of illicit drugs into the AHIDTA region via parcel has become more prevalent. In order to evade law enforcement patrolling interstate corridors, DTOs are exploiting the mail system to traffic illicit drugs eliminating in person transactions.

(B) Strategy for Achieving Goals and Objectives

The AHIDTA measures success, in part, by its ability to facilitate efficiency, effectiveness, and cooperation among participating agencies at all levels. The AHIDTA is influential in fostering cooperation and collaboration among federal, state, and local LEAs throughout the region. The AHIDTA provides the support, resources, and coordination necessary to facilitate

cooperation among its collaborative initiatives. In all, the AHIDTA has fostered cooperative and effective working relationships among nearly 172 federal, state, and local agencies to achieve the common goals of disrupting and dismantling DTOs while reducing the demand for drugs.

The AHIDTA Executive Board comprises 24 executives from federal, state, and local LEAs, the National Guard Counterdrug Program, and federal and state prosecutors. The Executive Board develops and manages the AHIDTA strategy while providing program oversight to 52 enforcement initiatives (55 to include the intelligence, management and coordination, and training initiatives), and directs resources throughout the AHIDTA region to ensure the achievement of desired outcomes based on the current and emerging drug threat. Executive Board subcommittees provide policy guidance through compartmentalized topics and information while serving as a forum for regional planning and coordination for all AHIDTA participating agencies.

(C) Support of the *National Drug Control Strategy*

AHIDTA supports the *Strategy* in several ways. Its task forces disrupt and dismantle DTOs and MLOs that distribute heroin/fentanyl, diverted prescription drugs, marijuana, methamphetamine, and cocaine. The task forces also reduce large-scale marijuana production and shipments of large amounts of marijuana to other areas of the country.

(3) Methamphetamine

AHIDTA continues to encounter an increasing methamphetamine threat. In the recent past, the threat primarily consisted of small, unsophisticated, one-step method laboratories; however, with the dramatic influx of high-quality crystal methamphetamine, this threat has nearly vanished. AHIDTA does not track funding specifically used to address methamphetamine trafficking; however, task force initiatives will continue to investigate and prosecute DTOs, which traffic in the illicit drug.

Arizona HIDTA

(1) Amount of Funding Requested for FY 2025: \$13,347,756

(2) Justification

(A) Threat Assessment

Arizona HIDTA (AZ HIDTA) is a major arrival zone for multi-ton quantities of fentanyl, methamphetamine, heroin, and cocaine entering the United States from Mexico. Sharing more than 370 miles of border with Mexico, the southern border of Arizona presents a variety of challenges for LEAs in their efforts to stem the tide of both illegal drugs and proceeds.

The Sinaloa Cartel (Sinaloa) presents the primary operational threat to Arizona, possessing vast resources to distribute, transport, and smuggle large amounts of fentanyl, methamphetamine, heroin, and cocaine into and through Arizona. Sinaloa exploits well-established routes into Arizona and has perfected smuggling methods to supply drug distribution networks located throughout the United States. The Mexican state of Sonora is home to key drug trafficking plazas controlled by Sinaloa that are used for offloading, stashing, and staging drugs, money, and weapons. Sinaloa's influence in Arizona is growing stronger as it continues to gain control of additional drug trafficking corridors and routes in Sonora, Mexico, and neighboring Baja California, Mexico. The Cartel Jalisco Nueva Generación (CJNG) is expanding its presence and influence throughout Mexico, to include trafficking routes through Sonora.

Drug seizures indicate Arizona is a significant drug trafficking corridor and distribution hub for DTOs. Federal, state, local, and Tribal law enforcement in the region proactively target the transportation and distribution cells of these DTOs to disrupt the flow of drugs through and from Arizona, thereby directly affecting drug markets throughout the United States. Drug seizures indicate DTOs are increasing fentanyl, methamphetamine, and cocaine smuggling from Mexico into the region. With the dramatic increase of fentanyl smuggled from Mexico, heroin seizures have decreased. Most illicit tetrahydrocannabinol (THC)/marijuana seizures in Arizona originate from California.

(B) Strategy for Achieving HIDTA Goals and Objectives

AZ HIDTA uses an intelligence-driven, threat-focused strategy to target the most significant DTOs and MLOs affecting Arizona. The HIDTA is organized into four initiative functions – enforcement (interdiction, investigation, fugitive arrests, and prosecution); intelligence (coordination, deconfliction, targeting, investigative case support, and threat assessment); support (training and public health/public safety); and management. The HIDTA coordinates and supports the efforts of 607 full-time and 81 part-time participants from 78 federal, state, local, and Tribal agencies.

The AZ HIDTA supports the *Strategy* by disrupting and dismantling DTOs and MLOs, thereby disrupting the flow of illicit drugs to drug markets in Arizona and the United States. Specifically, AZ HIDTA:

- facilitates a coordinated threat-focused, intelligence-led strategy against the most significant DTOs and MLOs affecting Arizona and the United States;
- collects, analyzes, and disseminates actionable intelligence, enabling HIDTA initiatives to identify and investigate current and emerging drug threats; and

- enhances Tribal, regional, local, and cross-border demand reduction efforts by working with established community coalitions.

(C) Support of the *National Drug Control Strategy*

AZ HIDTA supports the *Strategy* by disrupting and dismantling DTOs and/or MLOs, thereby disrupting the market for illegal drugs. Specifically, AZ HIDTA:

- facilitates a coordinated threat-focused, initiative-led strategy against the most significant DTOs impacting Arizona;
- collects, analyzes, and disseminates actionable intelligence enabling the AZ HIDTA initiatives to identify and investigate current and emerging drug threats; and
- enhances tribal, regional, local, and cross-border demand reduction efforts by working with established community coalitions.

(3) Methamphetamine

Methamphetamine is the drug most frequently associated with property and violent crime. The AZ HIDTA initiatives reported a high level of methamphetamine availability in their respective jurisdictions. The high degree of methamphetamine availability in Arizona is correlated to increased methamphetamine production in Mexico by the Sinaloa Cartel and other Mexican Drug Trafficking Organizations (MDTOs). The AZ HDTA does not track funding specifically used to address methamphetamine trafficking.

Atlanta-Carolinas HIDTA

(1) Amount of Funding Requested for FY 2025: \$8,145,753

(2) Justification

(A) Threat Assessment

The Atlanta Carolinas HIDTA (AC HIDTA) is a major trans-shipment/distribution center for MDTOs and associated MLOs impacting the eastern United States. DTOs distribute illicit drugs from the region to other major metropolitan areas, including Baltimore, Maryland; Boston, Massachusetts; Cincinnati and Columbus, Ohio; Columbia, South Carolina; Gainesville, Orlando, and Pensacola, Florida; Indianapolis, Indiana; Knoxville, Tennessee; Louisville, Kentucky; and Norfolk, Virginia. The supply lines reach as far as Detroit, Michigan, and New York, New York. Utilizing a robust highway system, DTOs/MLOs transport/ship drugs from the Southwest border to transshipment/staging areas located in or near the Atlanta metropolis for distribution east and northeast. The intricate highway system throughout the HIDTA AOR is utilized by these DTOs for shipment of drugs from Mexico to points east and illicit proceeds from the east back to Mexico.

In the AC HIDTA AOR, methamphetamine consistently poses the greatest drug threat. Methamphetamine is widely available and has filled market demand gaps caused by shortages in cocaine and heroin. In addition to higher imported quantities, the HIDTA reports more robust retail-level distribution operations which distribute an increased quantity of methamphetamine locally. MDTOs operate “conversion” laboratories within the HIDTA region. The laboratories are utilized by these DTOs to convert methamphetamine in solution to powder.

In 2022, cocaine represented 20 percent of all drug seizures in the AC HIDTA AOR. Approximately a quarter of overdose deaths were linked to cocaine, or a mixture of cocaine and fentanyl and fentanyl derivatives. The HIDTA reports similar trends with heroin. While less-widely available, heroin is also increasingly mixed with other substances and has contributed to the rise in overdose deaths.

Fentanyl represents approximately 70 percent of overdoses in the AC HIDTA AOR. Counterfeit pills marked as legitimate prescribed medicine e.g., Percocet, Oxycodone, and other opioid based pills are the leading cause of overdoses.

Marijuana and pharmaceuticals continue to pose a risk in the region, especially as marijuana byproducts and counterfeit prescription pills proliferate throughout the market. The AC HIDTA is concerned with DTOs’ operations and impacts on the region, and by ongoing efforts of those and other criminal groups to increase market share.

(B) Strategy for Achieving Goals and Objectives

The AC HIDTA, utilizing strategic, tactical, and predictive intelligence, facilitates a three-part geographical, functional, and operational strategy targeting the command-and-control elements of DTOs/MLOs operating throughout the Southeast. Commingled federal, state, local and tribal task force initiatives ensure collaborative cooperation and partnership with more than 123 participating agencies. Utilizing a robust training model, the HIDTA provided training to more than 1,036 LEAs in Georgia and the Carolinas.

(C) Support of the *National Drug Control Strategy*

To accomplish AC HIDTA's mission and achieve the goals of the *Strategy*, the Executive Board dedicates investigative resources supporting initiatives that have a direct relationship to:

- disrupting the market for illegal drugs by disrupting and/or dismantling DTOs that transport and distribute drugs and their related drug proceeds;
- increasing/enhancing communication, intelligence sharing and coordination among initiatives and all regional LEAs; and
- facilitating coordination between agency representatives from law enforcement, prevention, and treatment to meet and discuss ways to reduce the impact of drug abuse and provide expert advice regarding policy and legislative decisions through the AC HIDTA Prevention Initiative.

(3) Methamphetamine

Methamphetamine continues to dominate the illicit drug market throughout the AC HIDTA AOR. Furthermore, investigations have determined that methamphetamine in solution is transported to the southeast and converted to methamphetamine hydrochloride or crystal methamphetamine form in local "conversion" laboratories. AC HIDTA does not track funding specifically used to address methamphetamine trafficking.

Central Florida HIDTA

(1) Amount of Funding Requested for FY 2025: \$3,849,500

(2) Justification

(A) Threat Assessment

Fentanyl remains the primary drug threat in the Central Florida HIDTA (CFHIDTA) region, and confidence is high this will continue over the next year. Following fentanyl, cocaine, methamphetamine, controlled prescription drugs, and marijuana were ranked as the region's top drug threats. The most recent drug overdose mortality data from the Florida Medical Examiner Commission shows that fentanyl accounted for more drug overdose deaths in Central Florida than any other drug in 2021, as it did in 2020. Cocaine and methamphetamine accounted for the second and third leading causes of drug overdose fatalities, respectively (FDLE, 2022).

In 2021, the 2,323 fentanyl-caused overdose deaths in the CFHIDTA region reflected a 14.6 percent increase from 2020. Preliminary 2022 overdose mortality data from the Florida District 9 (Orlando and Orange County), and District 25 (Kissimmee and Osceola County) Medical Examiner's Office, shows that fentanyl was involved in 76.6 percent of all drug overdose fatalities, as compared to 72 percent in 2021 (Orange-Osceola ME, 2023; FDLE, 2022).

CFHIDTA law enforcement initiatives seized 85.1 kilogram, or 42.5 million dosage units of fentanyl in 2022, as compared to 18.1 kilogram in 2021. This reflects a 372 percent increase from 2021. In the first quarter of 2023, HIDTA initiatives have already seized over 39 kilogram of fentanyl.

Xylazine, or "tranq," has emerged as a new threat in the region. Though not yet pervasive, it is increasingly being found as a cutting agent in fentanyl, counterfeit fentanyl opioid pills, and other drugs.

Heroin has been effectively replaced by fentanyl as the depressant of choice in the CFHIDTA region. Confidence is high that this trend will continue. The majority of fentanyl, heroin, and methamphetamine trafficked in Central Florida comes from Mexican Transnational Criminal Organizations (TCOs) operating in Mexico and the United States, who utilize compartmented cells and other surrogates to transport, process, and distribute these drugs via motor vehicles, while also safeguarding and concealing drug proceeds and other assets. Mexican TCOs, TCO cells, and Caribbean TCOs and DTOs dominate the wholesale and regional supply and distribution of these drugs in the region. The Atlanta, Georgia area remains a transshipment hub for these drugs, exploiting the extensive network of interstate highways leading into Florida.

The Sinaloa and CJNG are the dominant Mexican TCOs operating in the CFHIDTA region. Puerto Rican and Dominican Republic TCOs and DTOs are the dominant organizations from the Caribbean region that transport and distribute most of the Colombian-sourced cocaine into the HIDTA region. Most of the cocaine seized in 2022 was transported via mail parcels from Puerto Rico, a Caribbean transshipment hub that is popular with traffickers as Puerto Rico is a United States territory, and parcels are not subject to routine examination by Customs and Border Protection (CBP). Most of the DTOs investigated by Central Florida HIDTA law enforcement initiatives in 2022 were local poly-drug organizations, with the primary drugs

trafficked being fentanyl, cocaine, methamphetamine, marijuana, and controlled prescription drugs. Over the next year, CFHIDTA assesses with high confidence that fentanyl, cocaine, and methamphetamine supply and use will be high to very high, while heroin and controlled prescription drugs will be low to moderate.

(B) Strategy for Achieving Goals and Objectives

CFHIDTA fosters cooperation and effective working relationships among all of the federal, state, and local agencies participating in law enforcement initiatives to achieve the overall mission. The agency-neutral approach permits interagency cooperation within the ISC for local and national assistance and threat-specific efforts. The sharing of information at quarterly intelligence meetings warrants cooperation and effective relationships that encourage the collection, analysis, and dissemination of actionable information. By providing training and the necessary resources to address DTOs and MLOs, LEAs are better equipped to carry out the purpose and goals of the CFHIDTA. Furthermore, a prevention initiative engages and assists community stakeholders to understand the current drug threats and to develop strategies to reduce overdose deaths.

(C) Support of the *National Drug Control Strategy*

CFHIDTA supports *Strategy* goals through Executive Board developed strategies to address and prioritize the drug threats in our region. The CFHIDTA management and coordination team coordinate and collaborates with public health and education to foster relationships with law enforcement. These efforts and developed strategies support the goal of reducing drug availability and crime by effectively dismantling and disrupting DTOs and MLOs impacting Central Florida and other areas of the United States.

(3) *Methamphetamine*

Mexico continues to be the primary source area of crystal methamphetamine. Low cost and high availability continued to displace local clandestine labs, and the number of laboratories dismantled remains low. MDTOs continue to dominate methamphetamine distribution markets and routinely partner with other regional or local DTOs in transportation and distribution. Atlanta and surrounding areas of Georgia also continue to be prevalent as a source area hub for Mexican-derived methamphetamine, which is primarily transported to Central Florida via ground transportation. CFHIDTA does not track funding specifically used to address methamphetamine trafficking.

Central Valley California HIDTA

(1) Amount of Funding Requested for FY 2025: \$4,734,000

(2) Justification

(A) Threat Assessment

The most serious drug threats to the Central Valley HIDTA (CVC HIDTA) are fentanyl, methamphetamine, heroin, unregulated marijuana, cocaine, and other dangerous drugs. Fentanyl is the HIDTA's primary drug threat. Fentanyl-laced counterfeit prescription pills produced by Mexican DTOs are the dominant form of the drug but, over the last year, law enforcement officials have begun to seize an increasing amount of powder fentanyl. The HIDTA seized 443 kilograms and 1,534,491 dosage units of fentanyl in 2022. According to preliminary data from the California Department of Public Health (CDPH), the CVC HIDTA counties reported 861 fentanyl-related deaths from January through June 2022. This is a significant increase from 804 reported deaths in all of 2021.

Methamphetamine is the second most dangerous drug threat in the CVC HIDTA region. The availability of methamphetamine—particularly crystal methamphetamine—has increased over the last several years. In 2022, the initiatives removed 380 kilograms of methamphetamine and 3,297 kilograms of crystal methamphetamine. The CVC HIDTA also noted a shift in transportation and distribution tactics. MDTOs typically smuggle methamphetamine in solution to conversion labs in southern California, such as Los Angeles, but in the fall of 2022 the discovery of three large conversion labs in Tulare County revealed a shift in tactics that bears watching. Heroin is the CVC HIDTA's third most important drug threat. In 2022, the CVC HIDTA seized 101 kilograms of heroin of which black tar remained the dominant form. The availability of heroin has decreased over the last three years, possibly as a result of the demand for fentanyl-laced counterfeit prescription pills. While seizure data suggests that the availability of heroin has decreased, data adapted from the CDPH shows that opioid-related deaths in the Central Valley have increased. Since heroin is the drug most commonly mixed with fentanyl, it is possible that fentanyl contributed to the increase in opioid-related overdose deaths.

Unregulated marijuana poses the fourth most significant drug threat in the HIDTA's AOR. The CVC HIDTA focuses its efforts on the DTOs and criminal organizations that produce, transport, and distribute marijuana in violation of federal and state laws. In 2022, CVC HIDTA enforcement initiatives seized 91,953 kilograms of marijuana as well as 187,391 indoor plants and 531,169 outdoor plants. They also removed 36 kilograms of THC extract from the marketplace in 2022. The practice of cultivating marijuana illicitly on public lands continues to cause significant environmental damage. The final Domestic Cannabis Eradication/Suppression Program statistical report for CY 2022 indicates that California law enforcement agencies seized 4,976,881 illicit marijuana plants from 3,020 illicit cultivation sites. They seized an additional 872,865 kilograms of illicit processed marijuana.

Cocaine is fifth, but increasing availability and abuse means it is not the least of the CVC HIDTA's drug threats. In 2022, the CVC HIDTA removed 355 kilograms of cocaine from the marketplace, which is a significant increase from the previous three years when the initiatives seized approximately 150 kilograms per year. The increase in powder cocaine seizures correlates with a corresponding increase in cocaine-related overdose deaths. Data from CDPH

shows that cocaine-related overdose deaths in the fifteen CVC HIDTA counties increased since 2019, and preliminary data indicates the final overdose death rate for 2022 may be even higher.

(B) Strategy for Achieving Goals and Objectives

The CVC HIDTA applies a multiagency task force model to leverage diverse authorities, expertise, and resources to achieve its mission. Approximately 228 federal, state, county, and municipal law enforcement members representing 48 agencies participate in the CVC HIDTA initiatives. The CVC HIDTA's Executive Board constructs task forces according to regional needs, and adapts them as necessary to address changes in the drug threat environment. The ISC provides intelligence support to the enforcement initiatives and coordinates intelligence sharing with the appropriate federal, state, and local entities.

(C) Support of the *National Drug Control Strategy*

To accomplish CVC HIDTA's mission and achieve the goals of the *Strategy*, the Executive Board will allocate resources to initiatives in order to:

- To support and enhance collaborative drug control and overdose reduction efforts among law enforcement agencies and public health organizations.
- To identify, disrupt, and dismantle DTOs by conducting comprehensive investigations.
- To combat drug related violence, and associated gun and gang violence, through partnerships and innovative strategies.
- To provide timely intelligence and promote information sharing among public safety and public health partners.

(3) Methamphetamine

Methamphetamine encountered in the region is smuggled into the United States from Mexico, either as finished product or in a solution that is subsequently converted to crystal methamphetamine at clandestine conversion laboratories. In 2023, the CVC HIDTA noted an increase in high-capacity methamphetamine conversion laboratories in the Central Valley of California. CVC HIDTA does not track funding specifically used to address methamphetamine trafficking.

Chicago HIDTA

(1) Amount of Funding Requested for FY 2025: \$6,739,093

(2) Justification

(A) Threat Assessment

Chicago's geographic location, unique demographics, and significant Mexican drug cartel presence, combined with its role as a principal national transportation hub and financial mecca, make it a significant transshipment point for illicit drug trafficking. Most of the illicit drugs reaching the United States are coming across the Southwest border, and a large portion is destined for the Chicago hub. Some drugs will be marketed locally, and the remainder will be transshipped elsewhere throughout the country. Within Chicago's culturally diverse community, MDTOs have been able to establish and maintain local source-country connections, create a support system to mask illicit activity, and operate with relative anonymity. Illicit proceeds collected from drug sales are often staged in and around Chicago for bulk shipment or other distribution schemes back to the MDTOs and/or cartels.

The major drug threats in the Chicago HIDTA AOR continue to be the distribution and use of heroin, fentanyl, fentanyl-laced drugs, and the corresponding overdose deaths that accompany such widespread availability. Escalated demand for pharmaceuticals, synthetic cannabinoids, increased methamphetamine availability, and gang/drug-related violence are also primary areas of concern.

A continuing and expanding threat is the increased trafficking of illicit drugs and firearms on various social platforms and the dark web, often through cryptocurrencies.

Organized criminal street gangs are the principal retail distributors of illicit drugs in the Chicago HIDTA AOR. These gangs regularly engage in violent criminal activities to protect their drug supplies, distribution territories, and illicit drug proceeds. These criminal organizations are continuing their incursion into outlying areas and are becoming increasingly problematic for suburban law enforcement.

In direct response to the ongoing gang-related violence currently plaguing the greater Metropolitan Area, the Chicago HIDTA, in cooperation with Homeland Security Investigations, established the Gang and Violent Crimes Task Force (GVCTF) as a pilot initiative in 2022. The GVCTF is tasked with conducting complex investigations against the organized street gangs responsible for driving the current dramatic rise in gang-related violence in the HIDTA AOR.

(B) Strategy for Achieving Goals and Objectives

The Chicago HIDTA reacts quickly to emerging narcotics threats by developing innovative multiagency initiatives focused and properly equipped to investigate, disrupt, and dismantle the drug trafficking pipeline, from the local and regional, to the international DTO level. The Chicago HIDTA's multijurisdictional task force initiatives comprise 76 local, state, and federal LEAs, and capitalize on each agency's specific expertise. The task force initiatives form a multi-pronged attack against Chicagoland's diverse drug trafficking avenues to include internet, postal, highway, street corner, retail, wholesale, as well as regional, national, and international drug trafficking and money laundering operations.

The Chicago HIDTA's multi-agency ISC provides actionable, detailed, and timely tactical and

strategic intelligence and support to all the Chicago HIDTA initiatives and LEAs in its AOR. All aspects of the Chicago HIDTA encourage neutral interagency collaboration through training, meetings, and co-locating of task forces. The Chicago HIDTA conducts and sponsors joint training for task force initiative personnel, as well as non-task force narcotics investigators across the region and state to foster a wider net of information sharing and collaboration.

The Chicago HIDTA's strategy targets the overdose epidemic by addressing the complete cycle of addiction and fostering demand reduction through an innovative and heralded prevention curriculum for students, developing and collaborating on a diversion program for eligible people with SUD, and participating in the National HIDTA ORS.

(C) Support of the *National Drug Control Strategy*

To accomplish Chicago HIDTA's mission and achieve the goals of the *Strategy*, the Executive Board allocates and focuses HIDTA resources on initiatives that have a direct relationship to:

- combatting the illicit drug market by disrupting and/or dismantling the DTOs that transport and distribute drugs and the related illicit proceeds;
- addressing drug trafficking related public violence;
- increasing intelligence sharing and coordination among the initiatives as well as all LEAs in Illinois and other regions that are impacted by the illegal drug trade emanating from the Chicago HIDTA AOR;
- addressing emerging drug distribution methods, such as via the internet and mail;

To accomplish the mission and achieve the goals of the *Strategy*, the Executive Board focuses Chicago HIDTA resources on:

- disrupting and/or dismantling the DTOs that manufacture, transport, and distribute illicit drugs and seizing the illicit proceeds from their sales;
- improving the efficiency and effectiveness of the Chicago HIDTA's efforts by increasing intelligence sharing and coordination among Chicago HIDTA initiatives, law enforcement partners in Illinois, and law enforcement partners in other regions that are impacted by illegal drugs that originate or flow through the Chicago HIDTA; and
- originating and supporting expansion of local infrastructure innovations, such as license plate readers and cameras on known DTO trafficking routes;
- providing in-depth case support to investigations from the local street corners to the international cartels;
- partnering with public health agencies community organizations, educational institutions, and other organizations engaged in drug education, overdose prevention, and treatment activities; and
- Augmenting and facilitating partnerships with federal, state, county, and local law enforcement agencies to address endemic drug trafficking related gun violence.

(3) Methamphetamine

With the high availability and low cost of other narcotics in Chicago, local demand for methamphetamine is relatively small, but the area remains a transshipment point for DTOs. Chicago HIDTA does not track funding specifically used to address methamphetamine trafficking.

Gulf Coast HIDTA

(1) Amount of Funding Requested for FY 2025: \$9,200,612

(2) Justification

(A) Threat Assessment

The Gulf Coast HIDTA (GCHIDTA) comprises a geographically diverse area consisting of 29 HIDTA-designated counties/parishes in Alabama, Arkansas, Florida, Louisiana, Mississippi, and Tennessee. MDTOs pose the greatest criminal drug threat to the HIDTA. The proximity of the Southwest border to the Gulf Coast positions the region as a key drug trafficking route. Fentanyl poses the greatest threat in the region. Law enforcement intelligence indicates that Mexico-based, poly-drug DTOs transport fentanyl into the HIDTA region for distribution by local drug trafficking groups. Law enforcement, treatment and prevention professionals, and medical examiners in these areas have seen a troubling surge of fentanyl and acetyl-fentanyl. Many other areas across the HIDTA that have not witnessed this kind of opioid use in the past are now experiencing it.

Methamphetamine is considered the second most serious threat. Violent crime continues to affect the safety and quality of life of the citizens as high rates of drug-related murders and robberies continue to plague urban areas such as Memphis, Tennessee, and New Orleans, Louisiana.

(B) Strategy for Achieving Goals and Objectives

The GCHIDTA promotes an effective working relationship among its law enforcement initiatives by designing and deploying an infrastructure that fosters information sharing and ensures a coordinated response to the drug threat. The GCHIDTA fosters an environment in which participating federal, state, and local agencies can achieve the goals of disrupting and dismantling DTOs and reducing the demand for drugs by focusing on specific drug threat elements unique to their respective areas. Specifically, the GCHIDTA:

- Has 35 enforcement initiatives that are strategically located with the primary goal of disrupting and dismantling DTOs and MLOs;
- Has an intelligence support network which gathers, analyzes and disseminates drug intelligence information throughout the AOR and beyond;
- Provides officer safety and information sharing through a robust, nationally connected, deconfliction solution; and
- Provides case support for all enforcement initiatives through the ISC.

(C) Support of the *National Drug Control Strategy*

GCHIDTA will continue to support the goals of the *Strategy* by reducing illicit drug availability and its harmful consequences within its designated areas, creating and maintaining intelligence-driven task forces, and supporting infrastructure designed to target, disrupt, and eliminate DTOs impacting the region and beyond.

(3) Methamphetamine

Methamphetamine continues to be major drug threat across the GCHIDTA region because of its high availability, demand and distribution. Methamphetamine also remains the primary

contributor to law enforcement resources, violent crime and property crime. Methamphetamine use is both dangerous and deadly, but the combination of other illicit substances like fentanyl, has made it even far more lethal. Law enforcement in the GCHIDTA continue to see methamphetamine, with the demand being met by Mexican cartel production laboratories. GCHIDTA does not track funding specifically used to address methamphetamine trafficking.

Hawaii HIDTA

(1) Amount of Funding Requested for FY 2025: \$3,677,998

(2) Justification

(A) Threat Assessment

More than any drug, methamphetamine threatens the overall socioeconomic landscape and quality of life in Hawaii. Methamphetamine is the drug most associated with drug deaths; property and violent crimes; anti-social behavior; mental and physical illnesses; homelessness; and poverty. Fentanyl abuse is rising in Hawaii, and by dosage is even deadlier than methamphetamine. The influence of xylazine has not manifested among the Hawaiian Islands, and the Hawaii HIDTA (HI HIDTA) remains vigilant in protecting the region from becoming another state to fall victim to this insidious drug. Drugs such as cocaine, marijuana and heroin remain available and popular in Hawaii.

Drug pathology provides compelling evidence of a specific drug threat, and identifies what drugs are most harmful and causing the most deaths. In 2016, the Hawaii HIDTA Drug Threat Assessment began collecting regional drug-related death autopsy data from the Honolulu Medical Examiner and Forensic Pathologists for Maui, Kauai, and Hawaii County. Overall, drug related deaths in Hawaii increased from 305 in 2021 to 320 in 2022. Since 2016, methamphetamine has been identified as the drug most prevalent in Hawaii's drug-related deaths (66 percent of all drug deaths in 2022 were meth related). Steadily, fentanyl drug-related deaths are increasing (from 48 fentanyl deaths in 2021 to 79 in 2022).

Approximately 85 percent of Hawaii's 1.4 million residents live on Oahu and proportionally, Oahu has the largest population of illicit drug users among the six Hawaiian Islands. Consequently, Oahu receives the majority of drugs imported from United States mainland. The islands of Maui, Kauai, Hawaii, Lanai, and Molokai receive drugs from Oahu-based DTOs, but these "neighbor" islands also receive drug shipments directly from United States mainland sources. Occasionally, drugs are transported to Hawaii by DTOs with direct links to Mexican cartels. MLOs are associated to the region's DTOs and are investigated by the HI HIDTA Drug and Money Laundering Task Force and the HI HIDTA Financial Analyst.

The demographic character of Hawaii's local drug traffickers match those most likely to abuse drugs in Hawaii—that being Hawaiian-Local-Mixed ethnicities, Asian-Local, and Asian-Local-Mixed ethnicities. (The term "Local" describes a person, regardless of ethnicity, born or raised in Hawaii.)

The Parcel Delivery System (UPS, FedEx, and USPS) is the principal transport method for shipping drugs from United States mainland sources to Hawaii. It is imperative for the HI HIDTA Strategy to support consistent enforcement interdiction operatives at all Hawaii's airports, postal facilities, commercial parcel facilities, and harbors. And this drug interception strategy must include an intelligence-gathering mechanism that can identify drug trafficking tendencies and specific targets enroute to Hawaii with drugs. Drug seizures at the Honolulu International Airport by CPB and HI HIDTA Interdiction Task Force indicate that Hawaii is a transshipment point for drugs destined for Australia and New Zealand, e.g., CBP continuously intercepts large amounts of methamphetamine at the Honolulu Airport bound for Australia or New Zealand.

The youth in Hawaii are experiencing a variety of drugs and are heavily influenced by social media and the darknet—where a worldwide collage of drugs is available for delivery at their doorsteps, simply by ordering online with a mobile phone. Youth drug abuse in Hawaii ranges anywhere from dab pens for inhaling Delta 8, Delta 9, and pure THC, to fentanyl tragedies.

Not only must the HI HIDTA form strategies to curtail local drug trafficking, the global threat of narco-terrorism and Mexican drug cartel enterprises must be prevented from establishing Hawaii footholds, and this includes Asian drug trafficking enterprises as well. (According to JIATF West, enormous drug production of methamphetamine, cocaine, and heroin are traced to Asian countries, including the Golden Triangle (Southeast Asia), Myanmar, Laos, Philippines, China, and India.)

Asian drug trafficking is of particular concern for the HI HIDTA, due to the region's close proximity to Asia; lineage to Asians living in Hawaii and ease of assimilating among Asians who make up the largest ethnic group in Hawaii at 32 percent; and Hawaii's reception of 1.6 million Asian visitors annually. Most recently, Ketamine powder enroute from Asia to United States mainland was intercepted at Honolulu International Airport during a flight stopover.

The threat of sophisticated money laundering techniques needs to be addressed in conjunction with the HI HIDTA narcotic interdiction and investigative operatives, and this requires highly trained investigators and analysts capable of identifying and suppressing money laundering activity.

Marijuana flourishes agriculturally in Hawaii's tropical environment, robust water sources, and fertile soil. Marijuana is grown indoors and outdoors on public or private lands. In addition, marijuana concentrates are produced and trafficked in the area.

(B) Strategy for Achieving Goals and Objectives

HI HIDTA strategically incorporates independent enforcement task forces for the State of Hawaii as a whole, and within each of the region's four municipalities: City & County of Honolulu, Hawaii County, Kauai County, and Maui County. Each task force is capable of commingling whenever task force asset-sharing and interisland interdiction operations are necessary. The HI HIDTA Interdiction Task Force is especially important since drugs are primarily imported into Hawaii via parcel delivery systems (USPS, FedEx and UPS). The HI HIDTA Interdiction Task Force adds impetus for parcel, cargo, and traveler screening by applying drug detection canine operations at Hawaii's airports, marine ports and harbors, and postal and parcel facilities. The HI HIDTA Task Forces are staffed with local law enforcement criminal intelligence officers who generate intelligence gathering and intelligence sharing among the region's four municipalities and federal counterparts. The ISC provides investigative, analytical, and digital forensic support to all task forces in the region. The HI HIDTA Drug and Money Laundering Task Force targets drug money laundering and financial crimes as part of the HI HIDTA strategy. It is imperative that the HI HIDTA remain vigilant of the overdose epidemic that has devastated many of the Nation's mainland communities, and so the HI HIDTA is a stakeholder in the multi-disciplinary Hawaii State Opioid Initiative and Hawaii Department of Health affiliated CDC OD2A Initiative, which includes a youth drug prevention program developed by the HI HIDTA known as Prevention Plus Wellness. To further prevent the influx of fatal and non-fatal drug overdoses in Hawaii, the HI HIDTA participates in the HI HIDTA ORS, which embraces a partnership with Hawaii's public health agencies, and CDC-OD2A. The HI HIDTA ORS is staffed with a PHA and a DIO—both of

whom conduct Fentanyl Awareness Presentations, Naloxone Training, and naloxone distribution throughout Hawaii.

The aloha spirit of inter-island and interagency cooperation in a multi-island region is a hallmark of the HI HIDTA partnerships, and the success of implementing HI HIDTA resources to counter drug trafficking depends heavily on the ability of our law enforcement communities and task forces to cross ocean boundaries and work together.

The HI HIDTA works diligently with mainland HI HIDTAs and law enforcement partners to curtail organized crime and DTOs throughout the Nation. Reiterating, the region's greatest drug threat is crystal methamphetamine, and the current composition of the HI HIDTA task forces is focused on countering the methamphetamine threat that infected Hawaii well before its devastating influence on mainland states (manufactured crystal methamphetamine in smokable form originated from nearby Asia, and Asian methamphetamine traffickers engaged with the densely populated Asian culture in Hawaii). Today, the region's supply of methamphetamine is solely from Mexican cartel sources, but the demand has never been greater.

(C) Support of the *National Drug Control Strategy*

To accomplish HI HIDTA's mission and achieve the goals of the *Strategy*, the Executive Board will allocate and focus resources on initiatives with a direct relationship to:

- disrupting DTO enterprises and the market and supply of illegal drugs through enforcement strategies dedicated to intercepting narcotics before and after being imported into Hawaii, and further eliminating and seizing the DTOs' profits and assets through specialized money laundering and financial investigative techniques, and analytical support;
- increasing intelligence sharing by continuing to invest heavily in a robust ISC;
- creating a stronger relationship between law enforcement and prevention organizations; and
- working with community stakeholders to bring to light, analyze, and deliver an education/prevention message relating to the emerging trend of prescription drugs and pharmaceutical abuse. The Hawaii HIDTA ORS continues to serve the communities with drug abuse education and prevention efforts, and the Hawaii ORS Team (consisting of a Public Health Analyst and Drug Intelligence Officer) have provided fentanyl awareness and naloxone training to over 700 students throughout Hawaii.

(3) Methamphetamine

Methamphetamine is Hawaii's greatest drug threat and is widely available throughout the HI HIDTA AOR. As in the past four decades, methamphetamine poses the greatest drug threat in Hawaii, followed by an increasing presence of fentanyl. There were 320 drug-related deaths in Hawaii in 2022; 66 percent of drug deaths (210) in Hawaii were meth-related; and 25 percent of Hawaii's drug deaths (79) were fentanyl-related. 63 percent of the drugs seized by HI HIDTA in 2022 was methamphetamine - highest meth yield percentage among the 33 HIDTA regions. In 2022, drug methamphetamine seizure yields increased 108 percent from the previous year. The HI HIDTA enforcement Initiatives target all drug hazards and all illicit drug types in the region. HI HIDTA does not track funding specifically used to address methamphetamine trafficking.

Houston HIDTA

(1) Amount of Funding Requested for FY 2025: \$11,526,802

(2) Justification

(A) Threat Assessment

The threat from illicit drug trafficking and associated violence within the Houston HIDTA region remains high, in large part due to its close proximity to the Southwest border, seaports, and national highway infrastructure. As a result, the region is one of the most significant distribution and transshipment areas for the variety of illegal drugs trafficked from Mexico into the United States. It is also a primary consolidation point for bulk cash smuggled back across the border. Therefore, Houston is one of the principal centers for drug activity in the country. Opioids/opiates (fentanyl) and methamphetamine tied as the number one drug threat in the region. The upward trajectory of fentanyl-involved deaths continues and comprised 49 percent of all drug and alcohol-related deaths in Houston, up from 41 percent in 2021. This rising threat is being seen across a broad age, race, and socioeconomic spectrum. A primary reason for the rise in fentanyl-involved deaths is that this deadly substance is being identified more frequently in a broader array of illicit drug types. The high availability and relatively low cost of methamphetamine has contributed to its ongoing expansion in the region, and cocaine remains the third greatest drug threat fostered by increased availability along with a very steep \$10,000 drop in its average kilogram-level price.

In addition to the imminent threat posed by the vast supply of illegal drugs moving through the region, drug-related violence continues to escalate, especially among the region's gangs. Gangs within the Houston HIDTA continue to grow in strength and number. Their violence, often spurred by drug-related turf issues, is increasingly brutal, heightening the severity of the impact of the drug trade in the region.

(B) Strategy for Achieving Goals and Objectives

The Houston HIDTA fosters cooperative and effective working relationships among federal, state, and local agencies that participate and/or operate in the region to achieve the common goals of disrupting and dismantling DTOs and reducing the demand for drugs. The law enforcement initiatives at the Houston HIDTA comprise intelligence-driven, multijurisdictional, co-located, and commingled drug task forces from federal, state, and local LEAs. These drug task forces pursue coordinated efforts to reduce the manufacture, smuggling, transshipment and distribution of drugs by targeting all aspects of the DTOs and MLOs operating in the region through high-level intelligence driven investigative strategies, interdiction activities and effective prosecution. In addition to these efforts, the Houston HIDTA recognizes that law enforcement cannot accomplish these goals alone. Therefore, there is a continued effort to develop stronger relationships and strategies with our community partners to create a more holistic approach to significantly reduce the impact of drug addiction on the communities.

(C) Support of the *National Drug Control Strategy*

To accomplish Houston HIDTA's mission and objectives, the Houston Executive Board will allocate and focus the Houston HIDTA resources on initiatives that have a direct relationship to:

- dismantling or disrupting DTOs/MLOs, thereby disrupting the market for illegal drugs;
- implementing programs and activities that improve the effectiveness and coordination of agencies participating in the Houston HIDTA;
- increasing intelligence sharing and coordination among the initiatives and all regional LEAs; and
- strengthening the relationship between law enforcement and prevention and treatment organizations.

(3) Methamphetamine

Methamphetamine continues to be consistently ranked by the vast majority of drug investigators as one of the greatest drug threats in their jurisdiction. Its high availability and relatively low cost have contributed to the ongoing expansion of the use of this stimulant throughout the Houston HIDTA. In addition to the broad use of crystal methamphetamine among adults that is smoked or injected, counterfeit Adderall tablets and MDMA (generally mistakenly believed to be “meth” pills by those who purchase them) have become more popular among younger adults as well as some teens in the region. These fake pills, in addition to counterfeit oxycodone tablets, are more readily available than ever before due to the rapidly rising number of local counterfeit pill production operations. Patient drug screens increasingly reveal positive results for both methamphetamine and fentanyl. The extremely high level of availability of this drug has contributed to yet a further decline of its kilogram-level price. Houston HIDTA does not track funding specifically used to address methamphetamine trafficking.

Indiana HIDTA

(1) Amount of Funding Requested for FY 2025: \$4,659,249

(2) Justification

(A) Threat Assessment

The drug supply in Indiana continues to increase. The availability for fentanyl, heroin, cocaine, marijuana, and controlled prescription drugs is reported as moderate or high according to the Indiana HIDTA 2023 Drug Threat Survey. Survey respondents further indicated that demand closely matched perceived availability. Indiana set a state record for overdose deaths in 2021 followed by a nearly 12 percent decrease in 2022. All 2022 data are provisional due to the complex nature of death investigations, there is a lag of several months between time of death and the coroner's determination on the manner and cause of death. On average, 17.5 out of every 100,000 Indianians dies from an opioid overdose, which is 19.9 percent above the national death rate. In the past year, the supply of fentanyl, heroin, methamphetamine, and cocaine in the Indiana HIDTA AOR have increased. These drugs are grown and manufactured in South America and Mexico, transported from the Southwest border to main hubs such as Chicago, then distributed throughout the Indiana HIDTA AOR.

Significant findings of the Indiana HIDTA 2023 Drug Threat Assessment include:

- Respondents to the annual survey ranked fentanyl as the most important drug threat to the HIDTA's AOR. Seizures of fentanyl in 2022 nearly tripled over the previous year. And while seizures rose, the price for fentanyl declined from 2021.
- Methamphetamine continues to be viewed as a serious threat in Indiana and was ranked second in the 2023 Threat Assessment. Local production appears to have been nearly replaced by Mexican-sourced product. The seizures of methamphetamine are trending upward while its price continues to fall indicating that supply appears to exceed demand.
- Heroin was ranked as the third greatest drug threat in the AOR by survey respondents. Survey data indicates that heroin availability remains high; however, seizures of heroine fell by nearly 80 percent in the AOR. A drop in heroin prices was also noted, indicating the supply may be outpacing demand. The disparity between perceptions of survey respondents, seizure, and price data is believed to be due to fentanyl being sold at the street level as purported heroin.
- Marijuana was viewed as the fourth greatest threat in the 2023 Annual Survey. Seizures of marijuana in 2022 more than doubled from the previous year. Demand for marijuana remained strong with prices declining slightly.
- Controlled prescription drugs (CPD) were viewed as the fifth most prevalent drug threat in the AOR. An increase in counterfeit productions, often sourced through Mexico, was noted. Pricing data was found to be variable, but availability remained high.
- 2023 respondents considered cocaine as the sixth most prevalent drug threat. Powder cocaine was viewed as the prevalent form; however, cocaine base appears

to be on the rise in some areas. Seizures of both forms are trending upward in the AOR, and price declined slightly.

- Mexican DTOs, primarily the Sinaloa Cartel CJNG, supply most of the wholesale quantities of cocaine, fentanyl, heroin, crystal methamphetamine, and marijuana in Indiana.

(B) Strategy for Achieving Goals and Objectives

The Indiana HIDTA is composed of 24 distinct initiatives. The driving force of all initiatives is to reduce both the supply and demand of illegal drugs by fostering cooperative action in the areas of enforcement, prevention, and recovery. The work of the Indiana HIDTA is accomplished by the cooperative efforts of 36 state and local agencies and 7 federal partners.

The purpose of the strategy is to provide strategic guidance and goals to the Indiana HIDTA participating agencies as set forth by the Indiana HIDTA Executive Board. The Executive Board's strategy supports the two national HIDTA goals: disrupt the market for illegal drugs by dismantling or disrupting DTOs, and increasing the efficiency of LEAs.

The strategy focuses Indiana HIDTA efforts on these goals through attacking the primary threats to Indiana of drug trafficking, the violence associated with the drug trade and the organizations conducting drug trafficking. These goals are the underlying theme throughout the strategy.

(C) Support of the *National Drug Control Strategy*

Indiana HIDTA Executive Board supports the goals of the *Strategy* by helping the two national goals: disrupt the market for illegal drugs by dismantling or disrupting DTOs and increasing the efficiency of LEA. The Executive Board will allocate resources to initiatives that disrupt the market for illicit drugs and disrupt the financial activity of these organizations.

(3) Methamphetamine

Methamphetamine demand is increasing in the Indiana HIDTA AOR. Methamphetamine is ranked as the as second highest drug threat in the AOR. Indiana HIDTA does not track funding specifically used to address methamphetamine trafficking.

Liberty Mid-Atlantic HIDTA

(1) Amount of Funding Requested for FY 2025: \$6,368,351

(2) Justification

(A) Threat Assessment

The Liberty Mid-Atlantic HIDTA (LMA HIDTA) lies within the eighth largest metropolitan area in the United States and is home to 5.7 million people within its 11-county region. Approximately 100 million additional people live within a one-day drive of the Philadelphia metropolitan area, a key drug transshipment zone along the Interstate 95 northeast corridor in the Mid-Atlantic region. In addition, the HIDTA sits within one of the more violent regions in the Nation, as Atlantic City, New Jersey; Camden, New Jersey; Chester, Pennsylvania; Philadelphia, Pennsylvania; and Wilmington, Delaware, remain high in rankings of the most violent cities per capita in the country.

Urban areas within the LMA HIDTA region consistently rank among the most dangerous and violent regions in the country, due in no small part to the impact of drug trafficking, distribution, and drug-related violent crime. Throughout the region, territorial violence is rampant within neighborhoods where distribution groups, as well as neighborhood-based and nationally connected street gangs, compete for control of profitable drug markets using violence and intimidation tactics. Various distribution groups exploit inner city neighborhoods and suburban public housing developments to intimidate residents and competitors and protect profitable drug enterprises and markets.

The LMA HIDTA counties continue to struggle with growing homicide totals. The City of Philadelphia tallied 516 homicides in 2022, an 8 percent decrease from the year prior (562) but still one of the deadliest years on record. Philadelphia reported 2,255 shootings and 2,910 robberies with a gun. Further, major crimes such as auto theft, commercial burglary, and retail theft rose significantly. Homicides in Wilmington decreased 58 percent to pre-pandemic numbers as the city continues to see significant reductions in overall major crime categories. However, Wilmington Police Department has made significantly more gun arrests every year since 2019. Camden homicides increased almost 22 percent from 2021 to 2022 despite overall violent crime reductions for the third straight year. Camden did, however, see an increase of 29 percent in non-violent crimes, particularly motor vehicle crimes.

New and evolving technology has also had an impact on the LMA HIDTA regional drug environment. Various social media and phone applications as well as digital currencies are increasingly being used for drug trafficking and money laundering activities. Synthetic substances such as LSD, MDMA, and Molly remain attractive drugs of abuse, particularly among younger users. Synthetic drug influence will continue to take root through ease of online procurement and perceived legality for direct use. Though used mostly for legitimate transactions, virtual currency has been used for the sale and purchase of illegal drugs for many years. Virtual currency wallets, which store virtual currency and the anonymity of technology makes cryptocurrency attractive to users. While largely used on the Dark Web, virtual currency can also be used to purchase illegal drugs from outside the Dark Web or used to launder profits from drug trafficking. In 2022, the HIDTA Cyber Investigations Initiative finalized preparations for the Federal trial of Henry Konah Koffie a/k/a “Narcoboss” charged with distribution of fentanyl on the Dark Web in exchange for cryptocurrency, including two fatal

overdoses. Koffie was convicted in March 2023 for distribution of a controlled substance resulting in death (two counts) and distribution of a controlled substance (five counts) among other charges.

Privately manufactured firearms (also known as “ghost guns”) are increasingly encountered in narcotics, money laundering, and violent crime investigations. Because ghost guns are created with kits sold online, they are untraceable and do not require a background check to purchase. The Philadelphia Police Department alone seized 575 ghost guns in 2022, more than double the number seized in 2020 (250). Due to the ease of obtaining 3D printers, it is likely the presence will continue to increase.

DTOs operating in southeastern Pennsylvania, southern New Jersey, and northern Delaware are closely linked to largest domestic and international criminal groups for acquiring drug supply and returning cash proceeds. MDTOs linked with the Sinaloa and CJNG cartels, remain the dominant suppliers of fentanyl, heroin, cocaine, marijuana, and methamphetamine in the LMA HIDTA.

Fentanyl and fentanyl-related analogs, heroin, prescription drugs, cocaine, and marijuana are the principal drug threats to the LMA HIDTA region, with the majority of fatal and nonfatal overdose episodes attributed to fentanyl and poly-drug use. The increasing presence of xylazine, a veterinary tranquilizer, as an adjunct, along with fentanyl being use concurrently and/or mixed with stimulants such as cocaine, are additional factors in fatality numbers. MDTOs (with direct connections to cartel-level syndicates or cells) remain the dominant heroin, fentanyl, cocaine, and marijuana suppliers within the LMA HIDTA region. MDTOs have established the region as a central location to store temporarily large quantities of illicit drugs and cash proceeds transiting between the northeastern United States and the Southwest border region. MDTOs, allied with various other independent groups, are capable of distributing multi-kilogram quantities of fentanyl and Mexican-produced white heroin, hundred-kilogram quantities of cocaine, millions of dosage units of counterfeit prescription drugs, and thousands of pounds of commercial-grade and high potency marijuana on a monthly basis. Continuing a multiyear trend, investigations and intelligence confirm that MDTOs are supplying bulk quantities (multikilogram) of crystal methamphetamine within the LMA HIDTA region in an attempt to establish new markets and increase demand among stimulant users. Methamphetamine distribution at retail levels is rising, as well, and the Darknet is becoming more common as a source for illicit drug procurement, particularly for fentanyl-related substances and novel psychoactive substances in various classes.

The effects of the above detailed drug market are reflected in the fatal drug overdose data for the LMA HIDTA counties:

County	2020	2021	2022
Philadelphia (PA)	1,214	1,278	1,385
Bucks (PA)	215	178	173
Chester (PA)	108	106	94
Montgomery (PA)	257	188	167
Delaware (PA)	268	195	152
Camden (NJ)	288	335	354
Atlantic (NJ)	216	188	255
Cumberland (NJ)	81	68	76
Gloucester (NJ)	129	110	87
Salem (NJ)	39	25	22
New Castle (DE)	278	275	334

While it is not a drug prescribed for use in humans, xylazine, a livestock tranquilizer, has continued to infiltrate the drug supply in the area. In Philadelphia, over 90 percent of the fentanyl/heroin samples contain xylazine. From 2021 through 2022, New Jersey state labs reported 97 percent of xylazine submissions were in combination with fentanyl or fentanyl analogs. Additionally, 36 percent of suspected heroin submissions and 29 percent of suspected heroin glassine bags contained xylazine. For a second straight year, Camden County reported the highest number of xylazine-related suspected heroin submissions. There has been consistent reporting that the ratio of xylazine to other substances has continued to increase. Xylazine combined with other drugs can increase the chances of a fatal overdose and can make reversal efforts more difficult as it does not respond to naloxone. Further, xylazine can cause skin lesions leading to health implications, and has led to an increased demand for emergency services.

Cocaine remains a significant threat to the HIDTA and reporting has increased despite a decrease in the beginning of the COVID-19 pandemic. The UN Office on Drugs and Crime reported that the global supply of cocaine is at record levels, particularly due to an expansion in coca bush cultivation and improvements in the process of converting coca bush to cocaine hydrochloride. In March 2022, CBP seized 18 lbs. of cocaine on a passenger flight arriving in Philadelphia from Jamaica and another 40 lbs., valued at \$1.3 million, in August 2022.

Methamphetamine remains a growing threat to the HIDTA as evidenced by increasing enforcement seizures, postmortem toxicology detections, and area drug treatment admissions.

From 2015 to 2021, New Jersey saw a 234 percent increase in methamphetamine arrests, with an 11 percent increase from 2021 to 2022. New Jersey state labs saw a seven percent decrease in methamphetamine cases from 2021 to 2022, despite an overall increase of 616 percent from 2015 to 2022. Average cases per quarter were down slightly from 391 in 2021 to 363 in 2022.

Mexican, Dominican, and Puerto Rican organizations – linked to larger domestic and international criminal organizations - primarily transport drug proceeds in bulk currency from the HIDTA to domestic and international source areas. Organizations based primarily in Phoenix, AZ, Atlanta, GA, Houston, TX, and New York, NY transit bulk currency from the Philadelphia area back to their respective locales. Chinese money laundering affiliates are reportedly increasingly involved participants in remitting proceeds back to Mexican source entities, using multi-layered trade-based exchanges.

(B) Strategy for Achieving Goals and Objectives

The LMA HIDTA's strategy supports the above goals, as well as the goals of the National HIDTA Program overall. Through information sharing, interdiction, investigation, and prevention initiatives, the LMA HIDTA takes a comprehensive approach to thwarting the use, flow, and distribution of drugs into its eleven-county region. The LMA HIDTA's initiatives identify, disrupt, and dismantle DTOs and MLOs; locate and apprehend violent fugitives wanted in connection with drug offenses; gather intelligence linking drug traffickers to criminal organizations; and pursue opportunities for collaboration with public safety, public health, and NGOs to decrease demand for and harm from illegal substance use. The investigative and enforcement initiatives are structured to maximize the response to violent episodes in the most seriously impacted areas – Philadelphia, Atlantic City, Camden, Chester, Coatesville, and Wilmington – while continuously pursuing the region's DTOs and MLOs that fuel the supply of drugs to all our communities. The LMA HIDTA's support initiatives enhance the operating environments, professional skillsets, information sharing capabilities, and intelligence assessments and case support services that law enforcement initiatives rely upon to succeed.

(C) Support of the *National Drug Control Strategy*

LMA HIDTA supports the *Strategy* thorough multi-agency investigations that lead to the disruption and dismantlement of DTOs and MLOs. These efforts are achieved by coordinating local, state and federally-led initiatives that:

- stop illegal drugs from reaching regional markets and denying drug proceeds from being expatriated to source countries;
- target investigations of the most prolific and violent drug traffickers in our region;
- achieve highly successful prosecutions of drug traffickers, money launderers and violent offenders under state and federal law;
- collect, coordinate, collate, analyze, and disseminate criminal intelligence that relates to drug trafficking, violent drug gangs, and money laundering; and
- facilitate collaboration among public safety-public health and community-based coalitions that promote deeper and wider understanding of SUD, reduce harms from drug use and increase access to SUD treatment.

(3) Methamphetamine

MDTOs supply bulk quantities of crystal methamphetamine within the LMA HIDTA region to local and multi-state DTOs, as well as counterfeit prescription drugs containing methamphetamine in pill form. Methamphetamine arrives through various means, including private and commercial vehicles; commercial air, rail, and bus transit; and postal, commercial parcel, ground, air, and maritime cargo shipments. LMA HIDTA does not track funding specifically used to address methamphetamine trafficking, as most of the DTOs investigated are poly-drug traffickers.

Los Angeles HIDTA

(1) Amount of Funding Requested for FY 2025: \$16,187,469

(2) Justification

(A) Threat Assessment

Major DTOs and criminal groups control the wholesale distribution of illicit drugs in the Los Angeles HIDTA (LA HIDTA) region. They supply illicit drugs to distributors within the region and to distributors in most other significant drug markets throughout the country. Their influence is so profound that the HIDTA region has become one of the most significant illicit drug distribution centers in the United States for cocaine, heroin, fentanyl, marijuana, methamphetamine, MDMA, and phencyclidine piperidine (PCP). Additionally, MDTOs and criminal groups based in the LA HIDTA region are increasing their control over illicit drug distribution in many drug markets – most recently in East Coast drug markets long controlled by other trafficking groups – further enhancing the role of the region as a national drug distribution center. It is a staging area for MDTOs and some that have a national and/or international presence.

The geographic, cultural, social, and economic diversity and general affluence of the population within the four-county area [sixth largest economy in the world with approximately 12.5 percent of the national gross domestic product (the largest in the United States)] have helped make the LA HIDTA a huge market for drug use and distribution. At the same time, the highly developed transportation routes, and the proximity to the Southwest border have made the LA HIDTA a primary distribution, storage, and supply hub for illicit drugs destined for all the major metropolitan areas in the United States. Further, the large rural and remote desert areas make the LA HIDTA an ideal location for clandestine manufacturing of crystal methamphetamine, although the majority of methamphetamine encountered in the LA HIDTA is manufactured in Mexico.

(B) Strategy for Achieving Goals and Objectives

The LA HIDTA's strategy aligns the Intelligence Support System (ISS) and task force initiatives to communicate effectively, coordinate and focus their respective intelligence and enforcement efforts to enhance the disruption and/or dismantling of major DTOs and MLOs that, at their highest levels, operate in and through the regions primary geographical area to other parts of the country. The strategy provides a comprehensive, dynamic law enforcement/intelligence plan that combines and coordinates regional drug control efforts in areas where they can have the most significant impact on the threat. By Executive Board direction, this HIDTA consists of seven major operational task forces comprising co-located federal, state, and local LEAs and three intelligence initiatives. It is their collective purpose to effectively and efficiently work within the strategy to identify and target the major DTOs/MLOs that operate at the higher levels of the illegal drug chain of command to measurably reduce drug trafficking and its impact in this and other areas of the country.

(C) Support of the *National Drug Control Strategy*

To accomplish LA HIDTA's mission and achieve the goals of the *Strategy*, the Executive Board will allocate and focus resources on initiatives that have a direct relationship of:

- Disrupting the illegal drug market and transshipment activities by disrupting and/or dismantling the major poly-drug commodity DTOs, TCOs and MLO, at the highest levels, that smuggle, transport, distribute drugs as well as illicit proceeds from their sale in and through the vast Los Angeles region, a major transshipment point, to other parts of the country;
- Increasing intelligence sharing and coordination among the initiatives and all federal, state, and local LEAs through LA HIDTA's ISS comprised of the Los Angeles Regional Criminal Information Clearinghouse (LA CLEAR), the Joint Regional Intelligence Center (JRIC) and the Inland Narcotic Clearinghouse (INCH);
- The primary mission of LA CLEAR is to ensure officer safety and operational efficiency by providing a robust deconfliction capability serving the LA HIDTA region, analytical case support, advanced technology and enhanced information sharing to all LEAs. The INCH provides advanced analytical case support as well as spearheads a robust and nationally recognized intelligence led policing effort of the LA HIDTA Domestic Highway Enforcement (DHE) Initiative. The JRIC provides tactical analysis case support, prepares strategic analysis, threat assessment reports, and is a component of the national fusion center system, thus fostering better information and intelligence sharing between the LA HIDTA and Department of Homeland Security networks;
- Working to support the mission of the ORS which is helping communities reduce fatal and non-fatal drug overdoses by connecting public health and public safety agencies, sharing information, and supporting evidence-based interventions; and
- Creating a stronger relationship between law enforcement and prevention organizations through a coordinated effort with the California National Guard and its statewide prevention initiatives.

(3) Methamphetamine

Although currently the majority of methamphetamine currently encountered in LA HIDTA is manufactured in Mexico, some 90 miles south of the LA HIDTA region, between the vast rural and remote desert areas coupled with the heavily congested massive metropolitan area, the LA HIDTA region continues to be an ideal location for cartels to conceal their clandestine laboratories, stash houses and transshipment activities. LA HIDTA does not track funding specifically used to address methamphetamine trafficking.

Michigan HIDTA

(1) Amount of Funding Requested for FY 2025: \$3,980,117

(2) Justification

(A) Threat Assessment

The Michigan HIDTA is located between major drug markets in Chicago and New York City, shares an international border with Canada, and has three of the top 25 busiest commercial land ports in the United States. DTOs transport illicit drugs into and through the region from Chicago, New York, Atlanta, the Southwest border, and Canada. The Michigan HIDTA major drug markets serve as distribution centers for smaller markets within the region and neighboring states. Mexican DTOs are the primary source of supply for cocaine, crystal methamphetamine, fentanyl, heroin and low-grade marijuana for Michigan.

Fentanyl is readily available and its use continues to increase throughout most areas in the state. In 2022, the Michigan HIDTA task forces seized a total of 123 kilogram of fentanyl compared to 211 kilograms in 2021, which constitutes a 42 percent decrease from 2021 to 2022. Additionally, the Michigan HIDTA task forces seized a total of 29,507 fentanyl dosage units in 2022 compared to 88,854 dosage units seized in 2021, which constitutes a 67 percent decrease from 2021 to 2022. Michigan State Police forensic laboratory data, identifying the predominant drug type in tested samples, showed roughly a 14 percent decrease in the presence of fentanyl from 2021 to 2022.

While heroin continues to decline with the rise in fentanyl, it is still a viable threat in Michigan. In 2022, 26 percent of drug teams surveyed reported a decrease in heroin seizures from 2021. In 2022, 87 percent of drug teams reported heroin is more prevalent, 58 percent reported it is stable, and 21 percent reported it is less prevalent compared to 2021. Mexican Brown is reported as the most predominant type of heroin within Michigan, followed by Mexican Black Tar. A reason for some teams reporting heroin is less prevalent may be an indication that most heroin seized actually contains fentanyl and may be reported as fentanyl rather than heroin. Heroin use, in combination with opioid use, continues to have a detrimental impact on jurisdictions throughout Michigan. The majority of heroin is acquired by consumers at known drug houses or private residences and through street sales. Due to the rise in fentanyl, heroin consumption is declining. According to drug teams surveyed, the majority of heroin sold on the streets is actually fentanyl.

Heroin and/or fentanyl mixed with other common street drugs pressed into pill form to resemble legitimate pharmaceutical drugs has become a significant emerging threat as has mixing heroin/fentanyl with substances like xylazine, a veterinary sedative, muscle relaxant and analgesic.

The Michigan HIDTA task forces seized 15 kilograms of heroin in 2022 compared to 46 kilograms in 2021, which constitutes a 67 percent decrease from 2021 to 2022. In 2022, there were 14,246 Michigan residents admitted to publicly-funded treatment facilities for heroin use (23 percent of all public admissions), a 9 percent decrease from the 15,740 admissions in 2021.

Crystal methamphetamine continues to be a significant threat in Michigan. The presence of Mexican crystal methamphetamine trafficked from the Southwest border continues to be prevalent. The availability of crystal methamphetamine, continues to increase, with 97 percent of drug teams reporting the drug is readily available compared to 97 percent in 2021, which is

consistent with the previous reporting period. Additionally, 74 percent of drug teams reported an increase in availability. The Michigan HIDTA task forces seized 276 kilogram of crystal methamphetamine in 2022, which is roughly a 54 percent decrease from the 596 kilogram seized in 2021. The influx of crystal methamphetamine has had a major impact on the methamphetamine powder drug market in Michigan, and several drug teams have reported a continued drop in “one-pot” methamphetamine laboratories. This decrease may be due to the surge of crystal methamphetamine availability in 2021 within Michigan. In 2021, reporting suggested Mexican drug cartels flooded the market with a low-cost, potentially lethal drug that is highly addictive and increasingly easy to obtain. For example, in June 2021, southwest Michigan reported a record-breaking seizure of 50 kilogram of crystal methamphetamine with a street value of over \$1 million. Significant seizures have continued into 2022 as well.

In 2022, 39 percent of teams surveyed reported crystal methamphetamine as their most significant drug threat compared to 38 percent in 2021. The Michigan HIDTA task force teams seized a total of 9 kilogram of methamphetamine powder in 2022 compared to 1 kilogram in 2021. However, this increase is likely correlated to counterfeit tablets containing methamphetamine being reported as methamphetamine powder seizures as there is no separate category for methamphetamine pills. According to drug teams surveyed, some areas reported heroin users are resorting to crystal methamphetamine. It is unknown at this time if crystal methamphetamine is a preferred drug over heroin, if it is more available than heroin, or if users are switching from heroin to crystal methamphetamine due to fear of an opioid overdose. An initial assumption was that users may use whatever drug was more available given the COVID-19 pandemic impacts on the drug supply, however, recent reporting indicates crystal methamphetamine is an ever-increasing threat and the use and availability will continue to increase. Additional reporting also suggests that Mexican drug cartels are promoting crystal methamphetamine sales over cocaine sales as it is pervasive and cheap. In 2022, the Michigan Department of Health and Human Services (MDHHS) reported 6,468 Michigan residents indicated methamphetamine as their primary drug of choice upon admission for treatment, a 7.8 percent increase from the 6,013 admissions in 2021.

Cocaine is a significant drug threat and is readily available across the State of Michigan. The availability of cocaine continues to increase with 97 percent of drug teams reporting the drug is readily available compared to 91 percent in 2021. The HIDTA task forces seized roughly 5,711 kilogram of cocaine in 2022 compared to roughly 272 kilogram in 2021; however, the increase is due to one HIDTA team’s significant seizure of 4,930 kilogram of cocaine outside the United States pursuant to an investigation of an international DTO. Crack cocaine in Michigan continues to be a moderate drug threat and its availability slightly decreased since the last reporting period. MDHHS data show there were 6,524 publicly-funded treatment admissions for cocaine use in 2022, a 23 percent increase from the 5,311 reported in 2021.

Prescription drug diversion and misuse continue to be significant threats to the state due to availability through multiple methods of acquisition. Consistent with last reporting period, these drugs are readily available and in high demand across all jurisdictions. The methods of acquiring illegal prescription drugs include illegal purchases at known drug houses or private residences, diversion by doctor/pharmacist, street sales, “doctor shopping,” (i.e., the practice of visiting more than one doctor in a short time span in order to obtain multiple prescriptions of the same medication), prescription forgeries, and pharmacy theft. Another method includes visiting physicians who operate as DTOs. Illegally obtained pharmaceutical drugs from Detroit

and the surrounding metropolitan area are subsequently distributed at higher costs to other states like Indiana, Ohio, Kentucky, Tennessee, North Dakota and West Virginia. However, with the rapid increase in availability of counterfeit pharmaceutical pills from multiple sources, it is unknown if the demand for traditionally diverted pharmaceuticals will decrease. For example, if it is easier for local DTOs to import large quantities of counterfeit oxycodone pills containing fentanyl compared to working with doctors, pharmacies, or “recruiters,” the aforementioned trend may change.

In 2022, substance use treatment facility prescription drug admissions constituted 7 percent of total drug treatment admissions in Michigan. Prescription drugs accounted for the largest percentage of SUD treatment admissions in 5 of the 83 counties statewide, which is a decrease from the 18 counties in 2021. The Michigan HIDTA Task Force Teams seized a total of 559 kilogram and 84,501 dosage units of narcotic prescription drugs in 2022 compared to 21 kilogram and 78,136 dosage units in 2021. The MDHHS reports 4,532 Michigan resident admissions for publicly-funded treatment for prescription opioid use in 2022.

Michigan legalized adult use of marijuana in 2018, and the first regulated dispensaries opened at the end of 2019. Despite Michigan’s legalization of recreational marijuana, black market marijuana is still being trafficked and remains a threat. As such, marijuana continues to be the most readily available controlled substance in the State of Michigan. According to drug teams surveyed, 97 percent reported it is readily available with 67 percent reporting more availability than in 2021. MDHHS data show there were 2,643 publicly funded treatment admissions for marijuana use in Michigan in 2022. This amounted roughly to a 21.6 percent decrease from the 3,373 reported in 2021.

Marijuana produced in Michigan is illegally distributed to other states. Mexico remains the primary source of supply for low quality, high yield marijuana imported to Michigan. In 2022, 3,878 kilogram of marijuana (including plants) was seized compared to 6,406 kilogram in 2021.

MDMA, also known as “ecstasy,” continues to be moderately available in Michigan. MDMA, both in tablet and powder form, is typically imported from China to Canada or manufactured in clandestine laboratories in Canada then smuggled to Michigan or sent via parcel services. Synthetic drugs, to include spice/herbal products and bath salts, continue to be seen in the state, though availability has continued to decrease.

(B) Strategy for Achieving Goals and Objectives

The Michigan HIDTA has adopted a three-tiered enforcement strategy. The initiatives target street-level dealers threatening the community, mid-level dealers and priority targets, and major DTOs and MLOs identified in the threat assessment. These initiatives are supported by task force teams that address the serious threat caused by violent felons, firearms, and fugitives associated with DTOs.

The Michigan HIDTA accomplishes its mission and addresses the threat in the region through a united response from its federal, state, local, and Tribal partners, taking full advantage of their knowledge, skills, and expertise. Through co-location, interagency cooperation, and consolidation of strategic and tactical information, the Michigan HIDTA fosters a comprehensive response to illicit drug trafficking by bringing together all available law enforcement resources. Cooperative working relationships have been supported and

strengthened over many years by the Executive Board and the Executive Director to ensure that enhanced communication, collaboration, and information sharing support effective, intelligence-driven investigations.

(C) Support of the *National Drug Control Strategy*

To accomplish the mission and achieve the goals of the *Strategy*, the Executive Board focuses Michigan HIDTA resources on:

- disrupting and/or dismantling the DTOs that manufacture, transport, and distribute illicit drugs and seizing the illicit proceeds from their sales;
- improving the efficiency and effectiveness of the HIDTA's efforts by increasing intelligence sharing and coordination among HIDTA initiatives, law enforcement partners in Michigan, and law enforcement partners in other regions that are impacted by illegal drugs that originate or flow through the Michigan HIDTA; and
- enhancing relationships with organizations committed to drug education, prevention, and treatment, including community-based and educational institutions.

(3) Methamphetamine

Mexican-produced crystal methamphetamine is a significant threat in Michigan. The Michigan HIDTA does not track funding specifically used to address methamphetamine trafficking.

Midwest HIDTA

(1) Amount of Funding Requested for FY 2025: \$15,914,383

(2) Justification

(A) Threat Assessment

Considering its nexus to drug poisoning deaths, fentanyl is now the greatest drug threat to the Midwest HIDTA region. This is evident in both the HIDTA's Law Enforcement and Public Health Surveys, along with PMP data reported by the Midwest HIDTA law enforcement initiatives. Methamphetamine and heroin are the region's second and third-greatest drug threats, respectively. A slightly higher percentage of DTOs were found to be gang-related and violent in 2022 compared to the previous year. Polydrug DTOs remained the same percentage from 2021 to 2022 with over a little more than one in four DTOs being polydrug. The Midwest HIDTA's central location within the continental United States and extensive network of roadways make the region ideal for DTOs and criminal enterprises intent on moving drugs into or through the region, to other destinations.

Marijuana, methamphetamine, and fentanyl are the most widely available and widely used drugs in the Midwest HIDTA. Law enforcement and public health agencies report unprecedented levels of fentanyl and other synthetic opioids in the region's illicit drug supply. Privately owned vehicles, the USPS, and commercial parcel services (e.g. FedEx, UPS) are the most common methods used by DTOs to traffic drugs into and throughout the HIDTA. The Midwest HIDTA law enforcement initiatives documented 955 DTOs and four MLOs operating within the region in 2022, with 8,469 members and 1,381 leaders identified. This is a 17 percent increase from the 815 DTOs identified in 2021. DTOs in the Midwest HIDTA utilize novel technologies to facilitate communication, obtain payment, and monitor drug courier location. These platforms include encrypted messaging applications, social media, portable GPS devices, and the dark web. The Midwest HIDTA experienced a six percent decrease in drug-related poisoning deaths from 2021 to 2022. Sixty-one percent of these deaths involved opioids including fentanyl and heroin.

(B) Strategy for Achieving HIDTA Goals and Objectives

The Midwest HIDTA has developed a cohesive and comprehensive regional program focused on reducing and disrupting the importation, distribution, and manufacturing of illegal drugs. The task forces maintain an aggressive posture toward enforcement activities. The Midwest HIDTA has identified primary and secondary threat areas, defined drug importation and transportation corridors, and well-known areas of local drug production. Investigators conduct complex, in-depth, multi-jurisdictional Organized Crime Drug Enforcement Task Forces, priority target organization, consolidated priority organization target, and other TCO investigations with an emphasis on dismantling the entire organization and reducing drug-related violence. Investigations target the highest level of DTOs and MLOs using undercover operations, innovative techniques, and surveillance of command-and-control communications. These investigations are intelligence-driven and conducted in a cooperative spirit among federal, state, and local counterparts in a task force arrangement.

(C) Support of the *National Drug Control Strategy*

Midwest HIDTA contains 73 designated counties in Illinois, Iowa, Kansas, Missouri, Nebraska, North Dakota, and South Dakota. It has developed a cohesive and comprehensive

regional program that is executed through 57 initiatives that seek to reduce the production, transportation, distribution, and use of illegal narcotics, thereby disrupting the illicit drug market.

(3) Methamphetamine

Methamphetamine remains the principal drug threat across the entire Midwest region, particularly when considering its nexus to violent and property crime. MDTOs dominate all importation, wholesale distribution, and even mid-level sales across the region. Methamphetamine use and trafficking continues to expand throughout the Midwest, driven by increasing drug availability, and high purity levels. Moreover, it is expected that communities may see an increase in MDTO methamphetamine conversion and re-crystallization laboratories as traffickers evolve and attempt to evade law enforcement along the southwest border of the United States. Although the Midwest HIDTA has seen a minimal number of clandestine laboratory seizures, these “mom and pop” operations cannot compete with MDTO sources of supply; therefore, the focus has centered on the exponential growth of methamphetamine produced and trafficked by MDTOs throughout the region. Midwest HIDTA does not track funding specifically used to address methamphetamine trafficking.

Nevada HIDTA

(1) Amount of Funding Requested for FY 2025: \$3,453,000

(2) Justification

(A) Threat Assessment

The Nevada HIDTA (NV HIDTA) leadership, through examination of available intelligence trends, seizures, arrests, treatment admissions, drug death cases, investigative cases, and anecdotal information relating to the Nevada drug market, concluded that methamphetamine, paralleled by the surge in fentanyl, would be the most significant targets of all task forces. Methamphetamine and fentanyl remain the most significant threats due the high level of use, availability, lower cost, significant number of people treated for addiction, and the probable relationship to other crimes.

Nevada continues to experience an increase in fentanyl related overdose deaths and has seen a 213 percent increase in fentanyl related seizures in 2022 compared to 2021. The NV HIDTA AOR is also be subjected to other forms of illicit narcotics being laced with fentanyl. This may be leading to additional overdose deaths in users who weren't necessarily seeking illicit opioids. Medical Examiners reporting in both Clark and Washoe Counties indicates most overdose related deaths involve a combination of fentanyl and other substances, including methamphetamine. Reporting indicates 52 percent of the fentanyl related overdose deaths in the NV HIDTA AOR involved a combination of methamphetamine and fentanyl. In 2022, Nevada dealt with a slight increase in fentanyl related overdose deaths involving children 18 years of age and under, three of which involved children under the age of five. Data suggests overdoses involving of children 18 years and younger would have leveled off for 2021 and 2022 with the exclusion of those under the age of five.

Heroin trafficking and use continues in Nevada, all available heroin in Nevada is moved through California or Arizona from Mexico. Cocaine is also moved through California or Arizona from Mexico to Nevada, cocaine seizures decreased slightly in Nevada during 2022 as did cocaine-related overdose deaths, it not uncommon for cocaine overdoses to involve fentanyl. As adult-use, regulated marijuana has been legal in Nevada since 2017, resources have been prioritized toward illicit drugs causing significant overdose deaths in the state rather than black market marijuana which is produced in illegal clandestine grows in California and more often indoor grows in the Las Vegas. The black-market marijuana continues to thrive virtually uncontrolled due to criminal justice complications with managing the problem.

(B) Strategy for Achieving Goals and Objectives

The NV HIDTA's primary enforcement strategy is to incorporate the use of well trained, well equipped, and commingled intelligence-led law enforcement personnel assigned to task forces to reduce the drug threats and the crime drugs bring to the area. These task forces consist of law enforcement personnel from local, state, and federal agencies whose mission is to identify, investigate, disrupt, and dismantle drug organizations, drug traffickers, criminal operations, gang crime, and MLOs with an emphasis on violent crime reduction.

Through this multiagency program, personnel become the force-multiplier, thus enhancing information and resource sharing. The NV HIDTA has consistently provided proven results with this time-tested process and rapidly adjusting strategies to meet the demands of changing threats and crime patterns. The extent of information sharing and interagency cooperation

fostered through this approach strongly demonstrates that law enforcement personnel are working effectively and efficiently.

Task forces are composed of investigators representing a wide variety of local, state, and federal LEAs, and each contributes unique authorities, perspectives, access to data and additional resources and expertise. The operational strategy ensures that task forces and affiliated agencies deconflict cases and subjects, share information, work cooperatively as necessary to avoid duplication of effort and maximize the use of resources.

The ISC is an important component of the strategy. In addition to providing case support directly to ongoing investigations, the strategy tasked the ISC with conducting analyses of patterns and trends in the drug market that are then used by the NV HIDTA leadership to proactively direct task force activities.

Continuous monitoring and close coordination efforts are a cornerstone of the strategy – through regular task force supervisor meetings, individual task force and Executive Board meetings, and the strategy calls for the NV HIDTA leadership to monitor the direction and progress of the initiatives and ensure each is faithfully pursuing the achievement of program goals.

(C) Support of the *National Drug Control Strategy*

NV HIDTA supports the *Strategy* of Reducing the Availability of Illicit Drugs in the region by dismantling or disrupting DTOs, criminal operations, and/or MLOs, thereby disrupting the flow of illegal drugs into the NV HIDTA region and other areas of the country. NV HIDTA investigators conduct complex, in-depth, multi-jurisdictional DTO investigations with an emphasis on dismantling organizations and reducing drug-related violence.

NV HIDTA supports preventing drug use before it starts as a fundamental community strategy creating a comprehensive approach to drug control. NV HIDTA has deep partnerships with community coalitions, organized prevention programs including drug takebacks, supports the evidence-based strategy of Nevada established Drug-Free Communities Program, public education, and citizen awareness.

NV HIDTA is a strong proponent of strategies to improve the response to overdoses, including implementing the HIDTA ORS, training of law enforcement uses of Naloxone, and other harm reduction strategies. Furthermore, NV HIDTA supports community treatment partners through education and information sharing regarding drug trends and other useful information.

(3) Methamphetamine

The methamphetamine coming into the region is the biggest threat to Nevada. NV HIDTA does not track funding specifically used to address methamphetamine trafficking.

New England HIDTA

(1) Amount of Funding Requested for FY 2025: \$4,735,042

(2) Justification

(A) Threat Assessment

According to the 2023 HIDTA Drug Threat Assessment, illicit fentanyl continues to be the number one drug threat across the New England HIDTA (NEHIDTA) region. After fentanyl and heroin, illicit trafficking of cocaine (crack and powder) and methamphetamine present the next greatest threats of concern across the six-state region. NEHIDTA continues to see an increase in morbidity through polysubstance use. The analysis of available data indicates seizures of methamphetamine continue across the region. Methamphetamine, which was historically a niche subculture drug in New England, is moving further into mainstream use. The reasons for this are many, but among them is the availability of inexpensive, high-quality methamphetamine trafficked from the Southwest border.

Pursuant to the 2023 HIDTA Drug Threat Assessment, fentanyl and heroin pose the greatest drug threats to New England. Fentanyl is the primary driver of the ongoing opioid crisis in the region, the use of which, has resulted in more deaths than any other illicit drug. The low cost, high availability, and high rate of addiction has led to an increased demand. Both are readily available at low prices, and while heroin remains a threat, seizures of it have significantly decreased, with only 1.2 percent of NEHIDTA seizures in 2022 being pure heroin. In contrast, 97.1 percent of total seizures recorded by NEHIDTA contained fentanyl. Fentanyl was the only drug recorded where seizures increased in 2022, specifically fentanyl tablets and pills.

Overdoses involving fentanyl continue to increase, while heroin use has decreased. Throughout the six-state New England region, total suspected overdoses involving heroin have decreased from 2021 by 12.3 percent, based on reporting from the Overdose Detection Mapping Application Program (ODMAP). In comparison, total suspected overdoses involving fentanyl have increased by nearly 106 percent since 2020. Counterfeit prescription pills represent a significant threat in New England and across the United States. Counterfeit prescription pills containing fentanyl and methamphetamine are now more prevalent on the street than the pharmaceutical-grade drugs they imitate. While a majority of the fentanyl and methamphetamine contained within these counterfeit pills originates in Mexico, associated pill presses and other paraphernalia (stamps, dyes, etc.) are seized throughout New England and demonstrate local DTOs production of fake pills. Counterfeit Adderall (methamphetamine) and Oxycodone (fentanyl) pills were the two most frequently encountered varieties in 2022. From 2019-2021, all six New England states experienced age-adjusted fatal opioid-related overdose rates that were above the national average. While national and state-level age-adjusted rates of opioid-fatal overdoses for are not yet available, reporting suggests New England will remain well above the national average.

(B) Strategy for Achieving Goals and Objectives

The NEHIDTA has developed a strategy designed to encourage interagency cooperation and coordination, bolstered by a commitment to intelligence-led policing and information sharing. The NEHIDTA provides an agency-neutral program aimed at balancing regional law enforcement efforts to address regional drug threats and national priorities. It continues to foster effective working relationships among six U.S. Attorney's Offices, eight federal LEAs,

and numerous state and local LEAs. The NEHIDTA task force initiatives are staffed with co-located and commingled federal, state, and local law enforcement officers. The multi-agency integration present in all initiatives ensures a unified effort in achieving the goals and objectives of the NEHIDTA.

(C) Support of the *National Drug Control Strategy*

In addition to supporting the *Strategy* by disrupting and dismantling DTOs and MLOs, NEHIDTA has implemented a collaborative partnership with prominent professionals in the education, prevention, and treatment aspects of the *Strategy*. Additionally, through continued cooperation with these partners, NEHIDTA has enhanced drug education and prevention initiatives by providing guidance and information to numerous state-sponsored prescription drug awareness programs and partnering with the New England DFC coalitions, the Massachusetts Prevention Alliance, and Boston University School of Medicine, and the Safe and Competent Opioid Prescribing Education of Pain training to provide prescribing physicians continuing medical education credits while creating awareness of the delicate balance of chronic pain management and risks associated with opioid prescribing.

(3) Methamphetamine

As a result of responses collected from the 2023 NEHIDTA Threat Assessment Survey, NEHIDTA assesses that the sale and accessibility of methamphetamine in the New England region will continue to rise. Reported availability of methamphetamine remains moderate to high. Increased availability, burgeoning demand, high potency, and low prices will likely incentivize current and emerging poly DTOs to enter the methamphetamine market. Stable demand supported trafficking into New England from the SWB, despite pandemic influences. What was once historically a niche/local market has been overtaken by the quantity and quality of lower price of methamphetamine produced in Mexico. As such, methamphetamine constitutes a growing threat in the New England region due to the increased availability of high potency crystal methamphetamine and methamphetamine pills.

Data collected suggests methamphetamine is most common in crystal form, which is consistent with data from 2022. Reporting between 2019-20223 demonstrates the increasing prevalence methamphetamine pills in the form of counterfeit Adderall, MDMA tablets, and other fake children's' chewable pills. These particular counterfeits imply traffickers are targeting prescription stimulant users and young adults to develop a larger user market.

Methamphetamine use has shifted from localized production and substance use by small New England populations to a much broader range of users. The expansion is due to a myriad of factors including an increase in the user population, an increase in methamphetamine production, and recent shifts in distribution.

One growing population segment includes current opiate users who view methamphetamine as a safer alternative than potential exposure to fentanyl, which has shown to be present in opioids, sometimes without the knowledge of the user. The 2023 Threat Assessment Survey respondents continue to report this trend indicating fentanyl users are moving towards the multiple forms of methamphetamine to try and avoid overdose. The supply of methamphetamine laced counterfeit pills provide an alternative option to using potentially riskier fentanyl laced pills. NEHIDTA does not track funding specifically used to address methamphetamine trafficking.

New Mexico HIDTA

(1) Amount of Funding Requested for FY 2025: \$9,502,108

(2) Justification

(A) Threat Assessment

New Mexico is a prime transportation corridor for illegal drugs entering the United States from Mexico. It is also a common corridor for drugs passing from California and Arizona to the Midwest and beyond. With three international ports of entry (POEs) funneling thousands of commercial and private vehicles into the state on a daily basis, drug transportation organizations have access to a vast network of interstate highways and local roads that create many options to move illicit drugs through the state. Unfortunately, New Mexico also has a drug problem of its own. Overdose death rates remain high and new threats, like fentanyl, increase the challenge.

The state's proximity to Mexico, its topography along the sparsely populated 180-mile border, its limited law enforcement presence between United States POEs, and its transportation infrastructure make it a significant smuggling corridor and a major trafficking route for drugs destined for illicit markets within the state, but primarily to other United States drug markets. Weapons and bulk cash are smuggled back into Mexico, primarily through vehicular conveyances utilizing hidden compartments. The sparsely populated international border between New Mexico and Mexico, along the three POEs, represents a high-risk area that presents many challenges to law enforcement; as a result, it is continually exploited by DTOs.

(B) Strategy for Achieving HIDTA Goals and Objectives

To combat the drug threats encountered across the state, the New Mexico HIDTA (NM HIDTA) Executive Committee funds multiagency initiatives that coordinate operations, share intelligence, and leverage resources. These task forces employ intelligence-driven, coordinated efforts to reduce the production, smuggling, trafficking, distribution, and the use of illicit drugs. The NM HIDTA utilizes coordinated interdiction and investigative initiatives, a strong, aggressive prosecution component, law enforcement intelligence and information sharing, and support components (e.g., forensic crime laboratories, training, and information technology). These efforts are enhanced by an initiative that seeks out fugitive violent drug offenders as its primary mission. The NM HIDTA also uses a prevention initiative to reduce the illicit drug use, especially in northern New Mexico. Lastly, the NM HIDTA is incorporating public health and public safety professionals as part of the HIDTA ORS to reduce drug overdoses within the state.

(C) Support of the *National Drug Control Strategy*

NM HIDTA supports the Strategy by incorporating its key elements into its own strategy, including:

- outlining a plan to disrupt/dismantle DTOs/MLOs and reduce the smuggling, transshipment, and distribution of illicit drugs into and through New Mexico;
- supporting a prevention component to reduce illicit drug abuse, including pharmaceutical drug abuse and diversion;
- provide investigative and strategic intelligence support to NM HIDTA initiatives and other law enforcement partners through the ISC; and

- partnering with Tribal LEAs to target illegal drug activities within or impacting Indian Country.

(3) Methamphetamine

Due to an abundance of high-quality, inexpensive methamphetamine which is being produced in Mexico, methamphetamine continues to pose a threat to communities throughout New Mexico. Although there is an increased focus on fentanyl, the damaging effects of methamphetamine and the propensity for crime that often follows remains a great concern for law enforcement. NM HIDTA does not track funding specifically used to address methamphetamine trafficking.

New York/New Jersey HIDTA

(1) Amount of Funding Requested for FY 2025: \$15,348,378

(2) Justification

(A) Threat Assessment

All major drugs of abuse are readily available within the New York/New Jersey HIDTA (NY/NJ HIDTA) AOR, originating from both domestic and foreign sources of supply. The New York City metropolitan area, which includes the five New York City (NYC) counties as well as northern New Jersey (NJ), Long Island and the lower Hudson Valley HIDTA counties, is an epicenter of diverse drug trafficking and money laundering activity, and one of the country's largest drug consumption areas. NYC and surrounding areas serve as a hub for the importation and distribution of narcotics from, and to, innumerable cities, states, and countries. Urban areas of NJ (such as Newark, Paterson and Camden) also serve as supply hubs for much of the Northeast. In addition, some traffickers outside of these metro areas are supplied by sources in Atlanta, Chicago, Arizona or directly from foreign sources.

Fentanyl and fentanyl analogs represent the primary drug threat within the NY/NJ HIDTA region. Fentanyl-involved overdose deaths have been rising for years in both New York (NY) and NJ, a trend which was greatly exacerbated by the COVID-19 pandemic but which has persisted in its aftermath. Seizures by law enforcement continue to indicate an elevated and growing presence of fentanyl and its various analogues in the region, as well as in combination with stimulants such as cocaine, crack cocaine and methamphetamine. According to law enforcement sources in the NY region, the presence of pills containing fentanyl increased significantly in 2022. The New York Division of the DEA (NYD) reports that the number of seizures of fentanyl pills grew by 500 percent in 2022 compared with 2021. In addition, the number of heroin/fentanyl mills dismantled by the NYD increased in 2022 for the fifth year in a row.

Seizures of pure heroin continue to decrease while seizures of fentanyl without the presence of heroin continue to increase. The New Jersey State Police's Drug Monitoring Initiative reports that the number of pure heroin submissions to police labs decreased from 88 percent in the first quarter of 2015 to just two percent in the fourth quarter of 2022. The NYD also reports that although fentanyl continues to be sold on the street as heroin, a large number of fentanyl seizures in 2022 contained only fentanyl (with no heroin).

Rates of overdose death in NYC are the highest since reporting began in 2000. More New Yorkers now die of drug overdoses than homicides, suicides and motor vehicle crashes combined. The latest data published by the NYC Department of Health and Mental Hygiene show another concerning year-over-year increase in the rate of drug overdose fatalities. The number of overdose deaths among NYC residents has jumped from 1,497 in 2019 to 2,668 in 2021, an increase of nearly 80 percent in two years. Between 2015 and 2021, the number and rate of drug overdose deaths nearly tripled in NYC, driven primarily by fentanyl-involved deaths.

Opioids were involved in 84 percent of all overdose deaths in NYC in 2021, with fentanyl being the substance most commonly involved in all overdose deaths (80 percent) for the fifth year in a row. Provisional data from quarter 1 and quarter 2 of 2022, indicate that the concerning rise in fentanyl-driven deaths in NYC has yet to reverse itself.

For New York State (NYS) as a whole, opioid-involved overdose deaths increased sharply between 2019 and 2020, and preliminary data for 2021 indicates another substantial year-over-year increase. According to the latest available data, the number and rate of opioid-involved overdose deaths has quadrupled among NYS residents between 2010 and 2020, driven primarily by an increase in deaths from fentanyl. There is also growing concern among state health officials about the presence of xylazine in the illicit opioid market, and particularly in combination with fentanyl.

Investigative and intelligence reporting indicates cocaine availability has increased within the New York AOR, and crack cocaine remains a threat both in NYC as well as smaller cities throughout the state. The majority of cocaine transported into the NYD AOR can be attributed to MDTOs who work in partnership with United States-based Dominican traffickers to facilitate the movement of cocaine into the NY area. In NYC, fentanyl has been increasingly identified in overdose deaths involving cocaine. In 2021, 47 percent of unintentional overdose deaths in NYC involved cocaine, with fentanyl involved in 85 percent of those deaths. People who use cocaine recreationally in NYC, as well as those who are opioid naïve, face an exceptionally high risk of overdose.

Cocaine continues to be a threat in the NJ area where it ranks fourth in overall drug threats in the central and northern counties and sixth, behind methamphetamine, prescription drugs, and fentanyl in the southern section of the State. As in NY, law enforcement sources report there has been an increase in cocaine availability throughout NJ. According to data from NJ Office of the Chief State Medical Examiner, the prevalence of cocaine-involved overdose deaths has increased in NJ since 2014. The number of cocaine-involved deaths has tripled across the state, rising from 314 in 2014 to 995 in 2020, with a corresponding spike in the rate of deaths per 100,000 population.

Methamphetamine trafficking and abuse is encountered on a much smaller scale in the NY region compared to other major drugs like cocaine, heroin and fentanyl. However, investigative intelligence over the last year has revealed an increase in availability of methamphetamine in the NYD AOR. In addition, the total number of methamphetamine pills seized in 2022 in the NYD increased nearly 300 percent when compared to 2021. Data reported by New York State Department of Health shows an increase in overdose deaths involving methamphetamine in combination with fentanyl in NY in recent years. In NJ, methamphetamine availability and use remain highly concentrated in the southern region of the state, however availability is increasing throughout the entire state. According to New Jersey State Police Drug Monitoring Initiative, labs saw a decrease in the number of methamphetamine cases in 2022 compared to the prior year. However, the state has seen a substantial increase in methamphetamine cases overall since 2015.

(B) Strategy for Achieving Goals and Objectives

NY/NJ HIDTA-funded initiatives aim to facilitate the timely and accurate sharing of criminal and drug intelligence among these agencies, enabling them to more effectively target regional and international DTOs and MLOs, drug gangs, drug fugitives, and other serious crimes with a drug nexus. Recognizing that there is no single, effective strategy for reducing illegal drug abuse and its harmful consequences, the NY/NJ HIDTA invests in five key areas: enforcement, information sharing, training, public health and prevention.

(C) Support of the *National Drug Control Strategy*

NY/NJ HIDTA supports the *Strategy* by dismantling or disrupting DTOs and/or MLOs, thereby disrupting the market for illegal drugs. NY/NJ HIDTA also facilitates the timely and accurate sharing of criminal and drug intelligence among agencies, enabling them to target regional and international drug and MLOs more effectively.

Furthermore, NY/NJ HIDTA will continue its prevention efforts by supporting community-based projects such as the Saturday Night Lights Initiative, which offers quality sports programs to inner-city youth and provides a fun, haven for otherwise at-risk kids. They learn about teamwork, gain self-confidence, and discover alternatives to drug use and crime. By stopping drug dependency and use before they begin, the Initiative hopes to lower the crime rate associated with illegal drug activities in these communities and also prevent kids from becoming involved in gangs and gun violence.

(3) Methamphetamine

Generally, methamphetamine is not the principal drug being trafficked by DTOs in the NY/NJ HIDTA region. NY/NJ HIDTA does not track funding specifically used to address methamphetamine trafficking.

North Central HIDTA

(1) Amount of Funding Requested for FY 2025: \$7,811,996

(2) Justification

(A) Threat Assessment

Wisconsin, specifically the metropolitan areas of Milwaukee and Madison, serves as a midpoint and a destination area for drug trafficking operations. These metropolitan areas sit along the Interstate 90/Interstate 94 corridor and are in close proximity to the major drug markets of Minneapolis and Chicago. Because of these factors, the North Central HIDTA region is vulnerable to DTOs that establish their presence for drug trafficking activities.

Fentanyl, heroin and other synthetic opioids continue to present the greatest threat to the North Central HIDTA region. Overdose deaths and other harmful effects resulting from the use of various opioids continues to increase and pose significant risks for the community. Potentially lethal opioid synthetics, particularly fentanyl and other fentanyl related substances (FRSs), such as counterfeit pharmaceutical pills, are increasingly putting communities at risk due to the danger of overdosing. Both Wisconsin and Minnesota have seen a continued increase in the trafficking and use of counterfeit prescription pills containing fentanyl or fentanyl related substances. Xylazine is an emerging threat and a common fentanyl adulterant found in the North Central HIDTA region. The number of fatal overdose deaths from illicit opioids involving xylazine is expected to increase. Methamphetamine continues to be a significant and growing drug threat to the North Central HIDTA region. Larger wholesale amounts of methamphetamine from Mexico are being sourced from the areas of Minneapolis/St. Paul, Chicago, California, and the Southwest border. Southeastern Wisconsin, an area that has not traditionally experienced a large volume of methamphetamine activity, has seen law enforcement seizing wholesale quantities of methamphetamine on a more frequent basis. The North Central HIDTA region has seen an increase in the number of instances methamphetamine sourced from the Twin Cities area of Minnesota is being trafficked directly to major metropolitan areas. In 2022, enforcement initiatives in Minnesota, seized over 750 kilogram of methamphetamine. Seizures of large quantities of finished-product Mexican methamphetamine in and around the Minneapolis/St. Paul area originate mainly from the Southwest border region and are sourced by Mexican-based cartels. The Twin Cities area of Minneapolis/St. Paul is considered an upper Midwest methamphetamine transshipment center for the Mexican cartels. Task forces throughout Minnesota and Wisconsin reported an increase in wholesale-level quantities. In addition, opioid related trafficking, use, and overdoses continue to increase in the North Central HIDTA region. Both Minnesota and Wisconsin participate in the North Central HIDTA ORS program, which includes having a dedicated DIO and PHA assigned to each state to focus on joint public health and public safety strategies to address the overdose problem regionally.

Marijuana and potent THC products remain the most commonly used illicit drug in the North Central HIDTA region. The demand for higher-potency marijuana and marijuana-related products has remained high over the past several years. Traffickers and DTOs source the majority of marijuana and THC products from Colorado and West Coast states that have legalized the recreational and/or medical use of marijuana and related products. In addition, the demand for and use of high-potency edibles, oils, and vaping products has remained high, creating a serious health risk to the user community.

Cocaine is a persistent, significant threat to the North Central HIDTA region. Throughout 2022, cocaine supplies have steadily increased in availability. Reports also show that cocaine is often comingled with fentanyl or other FRS. Law enforcement continues to report that violent criminal activities and property crimes are often tied to cocaine distribution.

(B) Strategy for Achieving Goals and Objectives

The North Central HIDTA's strategy is to foster cooperative and effective relationships among more than 145 federal, state, local, and Tribal participating member agencies in Wisconsin and Minnesota to achieve the common goals of disrupting and dismantling DTOs and reducing drug demand. Through enforcement initiatives working within the 15 designated counties in both Wisconsin (eight counties) and Minnesota (seven counties), investigative emphasis is placed on targeting DTOs that pose the most significant threats – primarily those with ties to the southwest and northern borders (multistate and international in scope). In addition, particular emphasis is placed on violent DTOs and drug traffickers that pose significant risk to the North Central HIDTA region, especially those engaged in violent criminal acts, firearm offenses, and the trafficking of significant quantities of opioids and/or methamphetamine in the region. In line with the North Central HIDTA's goals, initiatives work cooperatively and share information with other North Central HDTAs and LEAs throughout the country to further enhance effective investigations. As described below, in addressing the threats that face the North Central HIDTA, the Executive Board directs and continually adjusts its strategy to reduce the most significant threats and create safer communities. The strategy moving forward is to continue to integrate any newly formed initiatives to address the threats to their region, as well as coordinate intelligence and information sharing with this enhanced partnership.

The North Central HIDTA strategy also recognizes the need for strong demand reduction efforts in the community. The mission is to reduce violent crime through targeted law enforcement, community building, raising community awareness, and proactive engagement of youth in activities that increase positive social skills and behaviors and teach resistance to drugs, gangs, guns, and other criminal behavior.

(C) Support of the *National Drug Control Strategy*

North Central HIDTA supports the *Strategy* by dismantling or disrupting the most significant DTOs and/or MLOs, posing the greatest threat to the community, thereby disrupting the market for illegal drugs. This is accomplished through coordinated investigative efforts among federal, state, local, and Tribal LEAs. Also, all investigative efforts are supported with active intelligence gathering and information sharing strategies to ensure that the most efficient and effective means are used to accomplish the mission. The key to the *Strategy* is breaking the cycle of drug use, crime, delinquency, and incarceration. Part of the North Central HIDTA strategy is to support activities that emphasize community-based partnerships incorporating the efforts of prevention, prosecution, and enforcement to reduce the threats drugs can pose to the community. North Central HIDTA will continue to enhance and support its long-standing relationship with the North Central HIDTA Safe & Sound Prevention Initiative, a community-based organization engaged in drug education and prevention activities. In addition, the North Central HIDTA supports and participates in the North Central HIDTA's Overdose Response Strategy in both Wisconsin and Minnesota. The Drug Intelligence Officers and Public Health Analysts work together with communities and stakeholders throughout the North Central HIDTA Region to address overdose deaths.

(3) Methamphetamine

Seizures of large quantities of finished-product Mexican methamphetamine in and around the greater Minneapolis/St. Paul areas emanate mainly from the Southwest Border and are sourced by Mexican-based cartels. Task forces throughout Wisconsin and Minnesota continue to significant amounts of finished-product methamphetamine in multi-kilogram quantities emanating from the Minneapolis area, the Chicago area, as well as other source areas. The North Central HIDTA does not track funding specifically used to address methamphetamine trafficking.

North Florida HIDTA

(1) Amount of Funding Requested for FY 2025: \$3,845,500

(2) Justification

(A) Threat Assessment

For the second consecutive year, fentanyl and fentanyl analogs remain the top drug threat in the North Florida HIDTA (NFHIDTA), largely due to the significant increase in seizures coupled with its potency and lethality. Continuing the upward trend, the NFHIDTA initiatives seized a 189 percent increase in kilograms of fentanyl compared to 2020. For 2020, the Florida Medical Examiner (FME) identified fentanyl to be the drug that caused the most deaths in the state of Florida. Furthermore, when viewed collectively, fentanyl and fentanyl analogs were the most frequently occurring drugs found in decedents. As fentanyl is often concealed and is frequently used as a cutting agent for other substances, its potential lethality continues to pose a dire concern for the drug user as well as first responders and law enforcement.

Methamphetamine, essentially all imported crystal, remains the second drug threat in the region. Following a 28 percent decrease in methamphetamine seizures in 2020, 2021 experienced a 69 percent increase. The increase in seizures coupled with survey responses indicates that availability issues due to COVID-19 were no longer a factor in 2021. For 2020, FME reported methamphetamine occurrences increased 47 percent, and deaths caused by methamphetamine increased 55 percent. While it remains readily available and easily obtained, meth continues to be laced with fentanyl, likely increasing its lethality.

Although heroin maintained its third-place ranking in the region's drug threat, seizures continued the downward trajectory noted in 2020 with a 66 percent decrease in 2021. 2020 FME reporting found that occurrences of heroin decreased 11.5 percent, and deaths caused by heroin decreased 12 percent. Survey respondents reported the decline in heroin seizures is likely due to the infiltration of fentanyl in the marketplace.

Cocaine and crack are ranked fourth and fifth, respectively. Notably, cocaine and crack seizures increased 1,666 percent in 2021. However, this significant increase is mostly attributed to two sizeable seizures at the Port of Jacksonville that totaled 1,408 kilogram. For 2020, FME reported cocaine occurrences increased 24 percent as deaths caused by cocaine increased 30 percent. The availability of cocaine alone may be worthy of a higher ranking; however, when viewed in conjunction with other factors such as potency and lethality, cocaine and crack rank behind the aforementioned substances.

Although MDMA seizures only increased by a small margin, MDMA moved up two ranks to the sixth greatest drug threat. The ranking advancement is likely due to an increase in seizures, the identification of MDMA being mixed with other substances, and MDMA being marketed and sold as a different substance. Notably, one survey respondent mentioned that although MDMA use is infrequent, the overdoses associated with MDMA use are significant. Diverted pharmaceuticals, marijuana, and synthetics round out the drug ranking.

There are 112 DTOs under investigation that are operating within the HIDTA, of which 82 are local, 24 multistate, and 6 are classified as international. While the majority of the DTOs were identified as nonviolent (103), nine were labeled violent. Consistent with the prior year, cocaine is the most common drug trafficked by the identified DTOs.

(B) Strategy for Achieving Goals and Objectives

The NFHIDTA employs strategic, tactical, geospatial, and operational intelligence and an enforcement strategy that focuses on investigative and interdiction efforts to address the command-and-control elements of DTOs and MLOs operating within the AOR. The NFHIDTA fosters collaborative and cooperative partnerships among federal, state, and local LEAs to achieve its long-term strategic goals. These goals include reducing and disrupting drug trafficking and availability of the illegal drug market, related drug-proceeds, drug-related violent crime, and overdose deaths. The HIDTA's short-term goal is to dismantle identified DTOs, MLOs, criminal groups, and gangs operating within its AOR through effecting arrests and seizures of drugs, assets, and weapons, and seek maximum penalties through prosecution. To maximize this effort, the NFHIDTA facilitates cooperation and joint operations among 48 federal, state, and local LEAs and 459 full-time and part-time personnel who participate in its initiatives.

(C) Support of the *National Drug Control Strategy*

NFHIDTA supports the Strategy by giving participating initiatives the tools (training, case and event deconfliction, and analytical support) to efficiently and effectively disrupt the market for illegal drugs. NFHIDTA focuses on disrupting and dismantling DTOs, MLOs, and criminal organizations as well as apprehending drug-related and violence-prone fugitives, gang members, and weapons traffickers. NFHIDTA combines its efforts with other HIDTAs facing similar threats to affect criminal enterprises operating across multiple AORs. Furthermore, NFHIDTA seeks to reduce drug-related overdose deaths, including those caused by opioids, through collaborating and coordinating with various DFCs, prevention coalitions, treatment facilities, emergency medical services, healthcare, health departments, medical examiners' offices, education institutes, and various professional community members and as an active participant in the NFHIDTA Program's ORS. NFHIDTA enhances drug control and prevention efforts by implementing programs and activities that improve the effectiveness and coordination of participating agencies and by increasing intelligence sharing and coordination among all initiatives, regional LEAs, first responders, prevention and treatment coalitions, and other HIDTAs.

(3) *Methamphetamine*

Methamphetamine continues to be a significant threat in the NFHIDTA, negatively impacting the community and the environment. Although methamphetamine production has declined as an import of crystal methamphetamine has continued to proliferate, there is limited local production, primarily liquid meth conversion labs. The process of disposal of the product and equipment is hazardous, costly, time-consuming, and remains problematic. Furthermore, methamphetamine has been linked to violence, has become a primary drug mixed with fentanyl, and is widely available in the region. As such, it leads to great harm and is designated the NFHIDTA's second greatest drug threat for 2023. The NFHIDTA does not track funding specifically used to address methamphetamine trafficking.

Northern California HIDTA

(1) Amount of Funding Requested for FY 2025: \$3,657,500

(2) Justification

(A) Threat Assessment

The most serious drug threats confronting the Northern California HIDTA (NC HIDTA) region were illicit fentanyl and methamphetamine, followed by illegal marijuana. Compounding these drug threats are major criminal organizations involved in the transportation and distribution of narcotics. Such DTOs contribute to drug-related violent crimes, gang violence, and other threats to public health and safety.

Illicit fentanyl continues to dominate narcotic threats to the NC HIDTA AOR. At year-end 2021, fentanyl seizures already reached extraordinarily dangerous quantities, but 2022 closed with the highest kilogram and dosage unit seizure reports for fentanyl in the last five years. Kilogram quantities of fentanyl were almost 200 percent higher in 2022 than they were in 2021. (During 2021, these same figures were already 58 percent higher than in 2020.)

Fentanyl usage in the NC HIDTA AOR is high and continuously increasing, and so are fentanyl-related overdoses. Unbeknownst to many users, fentanyl is commonly mixed with other drugs, including cocaine, heroin, and methamphetamine. Overdose victims increasingly include juveniles – even infants – and many adult users who are unaware of what they are consuming. Those who knowingly use fentanyl are often enticed by stronger potency, lower prices, and marketing techniques, including the addition of colorants to powdered fentanyl. Fentanyl, which is more potent and less expensive than heroin, is also the likely cause for less heroin observed and seized in the NC HIDTA AOR during 2022.

Fentanyl mixed with xylazine is also a growing threat. Xylazine, a veterinary tranquilizer, is commonly found in fentanyl (among other drugs). However, unlike fentanyl, xylazine is unaffected by opioid antagonists (such as naloxone) because it is not an opioid. The San Francisco Department of Public Health recently reported the first confirmed incidents of xylazine-related overdoses in San Francisco, specifically four OD decedents whose toxicology tested positive for xylazine between December 1, 2022, and January 15, 2023. All cases involved fentanyl.

Methamphetamine remains a constant threat and in steady supply in the NC HIDTA AOR. In a survey of the NC HIDTA Initiative and Task Force Commanders, a majority of commanders cited methamphetamine as one of the two most serious drug threats to the region in 2022, along with fentanyl. Alarming, some fentanyl users are reportedly deterred by the risks associated with fentanyl usage and turn to methamphetamine, believing it is safer. Meanwhile, law enforcement across the NC HIDTA AOR continue to report that users unwittingly consume fentanyl-laced methamphetamine or other poly-substances and often overdose as a result. Corroborating this reporting is a recent study by *The American Journal of Public Health* about methamphetamine-related mortality in the United States, showing a 50-fold increase in the methamphetamine mortality rate from 1999 to 2021, with an increasing proportion of deaths that involved heroin or fentanyl, peaking at 61.2 percent in 2021.

Illicit marijuana presents a unique set of threats to the AOR. These threats include: violence and illegal weapons associated with outdoor trespass grows on public land and tribal territories; the trading of high-quality marijuana for more life-threatening drugs like fentanyl

or methamphetamine (or fentanyl-laced methamphetamine); robberies and burglaries of marijuana dispensaries; labor and sex trafficking associated with marijuana cultivation; the devastating environmental impact of illicit marijuana; and fraudulent marijuana businesses feigning legitimacy under state law. According to the NC HIDTA survey data, a majority of surveyed commanders believed that marijuana was one of two drugs that most contributed to violent crimes in the AOR.

Illicit marijuana cultivation continues to be a defining feature of drug trafficking in the NC HIDTA AOR. California's legalization of marijuana for recreational use took effect in 2018, but illicit marijuana grows are widespread, and marijuana cultivators and dealers remain steadfastly undeterred by the law. The famed "Emerald Triangle" is considered the marijuana capital of the United States and includes two NC HIDTA counties: Humboldt and Mendocino. These counties are home to thousands of illegal marijuana farms, many of which are trespass grows on public lands.

In 2022, Honduran drug traffickers were the greatest DTO threat to the NC HIDTA AOR. Now well established with an expanded distribution network considerably beyond the San Francisco Bay Area, Honduran DTOs traffic large quantities of illicit fentanyl – a drug responsible for hundreds of fatal overdoses a year in San Francisco alone – and other illegal drugs. Honduran DTOs appear to leverage the local environment, including a perceived lower risk of prosecution, for lucrative drug trafficking activities. Mexico-based transnational criminal organizations reportedly provide wholesale drugs to various criminal organizations in the NC HIDTA AOR, including Honduran DTOs.

International Mexico-based DTOs continue to supply wholesale drugs primarily through United States POE in Southern California, which are then moved through major transportation corridors into the San Francisco Bay Area and the NC HIDTA AOR's northernmost counties.

The Norteños – under the command of the Nuestra Familia prison gang – are the greatest multi-state/regional threat to the NC HIDTA AOR. Independent, multi-generational groups and a variety of gangs are responsible for significant violence and continue to distribute both wholesale and retail drugs across the region, as well.

Drug dealers continue to advertise and sell narcotics using a wide variety of digital and social media applications, enabling easier facilitation of drug shipments from other states and countries. Independent DTOs and those with ties to criminal organizations are both operating on the darknet. Cryptocurrency money laundering schemes and the use of money service businesses are also common tactics used by DTOs when moving illicit drug proceeds.

(B) Strategy for Achieving Goals and Objectives

The NC HIDTA consists of seven law enforcement initiatives (including 22 counternarcotic and fugitive task forces), an ISC, a training initiative, a prevention initiative, a computer crimes initiative, a privately made firearms and crime gun (PMFCGI) initiative, and an administrative and management initiative focused on the mission of countering DTOs and MLOs in the NC HIDTA AOR. The NC HIDTA strategy co-locates federal, state, and local law enforcement personnel in multijurisdictional enforcement initiatives and task forces and fosters enhanced information and resource sharing to accomplish the mission. The enforcement initiatives and task forces identify, investigate, disrupt, and dismantle DTOs and MLOs through specific focus on sources of supply, distribution, drug interdiction, and drug-related financial and violent

crimes within the designated area.

The NC HIDTA ISC and supporting initiatives (i.e., Training, Prevention, PMFCGI, and Northern California Computer Crimes) provide the enforcement initiatives with unique tools to enhance their ability of targeting violent drug criminals through intelligence research, analysis, resource sharing, deconfliction, digital exploitation, firearm tracing and National Integrated Ballistic Information Network lead generation, training, education, and coordination.

The NC HIDTA successfully executes its strategic plan by continuing to bring 68 federal, state, and local law enforcement agencies together, comprised of 299 agents, officers, analysts, and other staff members. The impact of the NC HIDTA strategy is evident by the success of continually meeting expected outcomes and performance metrics each year.

(C) Support of the *National Drug Control Strategy*

To accomplish NC HIDTA's mission and achieve the goals of the Strategy, the Executive Board will allocate and focus resources on initiatives that have a direct relationship to:

- disrupting the market for illegal drugs by disrupting and/or dismantling the DTOs and MLOs that transport and distribute drugs and the illicit proceeds from their sale;
- increasing intelligence sharing and coordination among the initiatives and all regional LEAs; and
- creating a stronger relationship between public safety, public health, prevention organizations, and DFC in the NC HIDTA AOR.

(3) Methamphetamine

Methamphetamine remains a constant threat and in steady supply in the NC HIDTA AOR. Methamphetamine remains pervasive and easy to obtain in all parts of the region and is considered one of the two most serious drug threats to the region, along with fentanyl. The 2022 data indicates that methamphetamine exceeded fentanyl in several drug-related factors affecting the region, specifically prevalence, contribution to violent crime, and contribution to property crime. Seizures of crystal methamphetamine and seizures of powdered methamphetamine decreased in 2022. However, crystal methamphetamine use remained high in 2022. Some fentanyl users are reportedly deterred by lethal risks associated with its use and may be turning to methamphetamine, believing it to be safer. Meanwhile, a major factor in accidental overdoses is that fentanyl is commonly mixed with methamphetamine or cocaine, and users do not know exactly what they are consuming. In 2022, methamphetamine prices continued to decrease or remain unchanged from previous years. The decreased price is expected to continue in the region. Methamphetamine is generally smuggled by MDTOs across the border from Mexico into Southern and Central California and then distributed by the larger, more established DTOs, along with some individual, regional dealers that either do not affiliate with a large gang or do not fit into the traditional structure of an organized DTO. Wholesale movement and distribution of methamphetamine within the NC HIDTA AOR is facilitated by established regional cartel affiliates, along with nontraditional runners. Large international shipments of methamphetamine originating from the NC HIDTA AOR highlight the region's broader distribution role for DTOs or local dealers with overseas customers. The NC HIDTA does not track funding specifically used to address methamphetamine trafficking.

Northwest HIDTA

(1) Amount of Funding Requested for FY 2025: \$5,031,349

(2) Justification

(A) Threat Assessment

Overall, illicit drug use continues to pose serious public health and safety threats to communities in Washington State. The Northwest HIDTA (NW HIDTA) examined a number of sources in order to determine the most significant drug threats in Washington State. These sources included treatment and drug overdose data from the Washington Department of Health and other federal, state, local, and academic institutions engaged in public health research. Law enforcement seizure statistics, including the NW HIDTA initiative Performance Management Process reporting as well as federal and state crime laboratory data were also examined. Finally, intelligence reporting by federal, state, and local agencies and the NW HIDTA initiative responses to the threat assessment surveys were used to assess the drug threat in general, as well as how it relates to violence and property crime. Also, important to note, general trends in trafficking intelligence are collected by ISC intelligence analysts while supporting criminal investigations.

- Fentanyl availability and use continues to grow at a rapid rate. The NW HIDTA assesses fentanyl and its analogs will remain the leading opioid of abuse in program year 2024. Although counterfeit pills containing fentanyl are most commonly encountered, fentanyl in powder and chalk form are increasing in availability.
- Methamphetamine remains the leading illicit stimulant throughout the NW HIDTA region. Although availability indicators are mixed, the number of methamphetamine-related fatal overdoses continue to climb, largely due to it being combined with fentanyl.
- The volume of cocaine seizures by the NW HIDTA program participants dropped significantly. However, the number of fatal overdoses involving cocaine have increased, attributed mostly to it being taken with fentanyl.
- Domestic cannabis availability and use remains stable. As licensed retailers saw the first ever decline in revenue, the market will likely maintain current usage levels for the foreseeable future. Washington was the point of origin for cannabis products driven or mailed to at least 20 other states throughout the United States
- International and multi-state trafficking organizations aligned with Mexico continue to control the importation and distribution of fentanyl, cocaine, and methamphetamine. Asian organizations dominate the indoor production and distribution of illicit cannabis products in Washington State.
- Bulk currency smuggling remains a common tactic among DTOs. The number of suspicious activity reports filed by banks, money remitters, and casinos remain stable. Access to digital currency ATMs continues to increase at a rapid pace.

(B) Strategy for Achieving Goals and Objectives

The primary elements of the NW HIDTA strategy are to: increase communication, cooperation, and information sharing by and between law enforcement and public health

entities; identify clear investigative priorities; conduct intelligence-driven investigations; and provide oversight and accountability.

(C) Support of the *National Drug Control Strategy*

Each year, NW HIDTA's Executive Board directs the development of a strategy that focuses its resources on identifying and addressing the most severe trafficking threats. Thus, NW HIDTA supports 20 distinctive task forces (referred to as "initiatives") that operate throughout Washington State. Initiatives unite federal, state, local, and Tribal law enforcement personnel and associated resources, with a common goal — disrupt and dismantle DTOs and MLOs that are adversely impacting the region. Operating together enables LEAs to allocate stretched resources more efficiently and effectively. Also, a by-product of this operating model is the marked increase in information and intelligence sharing.

Additionally, prevention and treatment initiatives disrupt the drug market and reduce the demand for illegal drugs by supporting community-based substance abuse prevention organizations. These groups are involved in school-based programming, community organizing and mobilization, educating the public on drug-related topics, mentoring and parenting programs, and vocational training. NW HIDTA also supports adult drug court programs throughout the region, reducing the number of persons seeking and using illegal drugs.

(3) Methamphetamine

NW HIDTA assesses methamphetamine will continue to pose a significant drug threat to communities in its AOR. While there is much focus on the impact of the opioid threat to Washington State, the destructive presence of methamphetamine and the criminal activity associated with it remain a significant concern for law enforcement. MDTOs continue to flood the state with a consistent supply of high purity methamphetamine resulting in abundant availability of the drug, significant treatment admissions, and related overdose deaths. The NW HIDTA does not track funding specifically used to address methamphetamine trafficking.

Ohio HIDTA

(1) Amount of Funding Requested for FY 2025: \$5,871,418

(2) Justification

(A) Threat Assessment

The Ohio HIDTA region continues to be flooded with illicit drug abuse and high levels of addiction throughout the entirety of its AOR. The central location of the Ohio HIDTA is between major United States drug distribution centers and the large amount of interstate highways easily accessible to drug traffickers make the region a hotbed of narcotics and bulk currency smuggling.

An analysis of responses from the 2023 HIDTA Threat Assessment Commanders' Survey (OHTACS) displayed a stable demand for all types of drugs throughout 2022. Decreased drug prices have been reported across the AOR for fentanyl, crystal methamphetamine, and powder cocaine. This significant price decrease has been attributed to an increase in availability of these three drug types all across the AOR.

A thorough review of all submitted survey responses, follow up interview notes, and drug seizures submitted by task forces was conducted by the Ohio HIDTA personnel. After reviewing this information, the current ranking of drug threats within the Ohio HIDTA AOR has been determined to be:

Greatest Drug Threats to the Ohio HIDTA AOR	
Rank	Drug
1	Fentanyl/Heroin
2	Crystal Methamphetamine/Methamphetamine
3	Powder Cocaine/Crack Cocaine
4	Marijuana

The risk of synthetic opioids such as fentanyl is the greatest drug threat facing the majority of the HIDTA AOR. A total of 94 percent of respondents to the 2023 OHTACS reported that synthetic opioids were highly available with 83 percent of respondents listing synthetic opioids as the greatest drug threat within their jurisdiction. In recent years, synthetic opioids have saturated the drug markets of Ohio, Northern Kentucky, and Western Pennsylvania and have replaced heroin as the opioid of choice. In 2022, seizures of heroin, powder cocaine, crack cocaine, and methamphetamine were all found to contain varying amounts of fentanyl. The presence of these highly potent synthetic opioids in related drug markets continues to be a major factor driving record levels of overdose deaths across the AOR. Fentanyl pills designed to look like legitimate prescription drugs have been seized by numerous task forces across the AOR. The Ohio HIDTA task forces seized a total of 688 kilogram of fentanyl in 2022, a 46 percent increase from 2021's total of 472 kilogram. The Ohio HIDTA Task Forces also reported the seizure of 140,705 dosage units (DU) of fentanyl in 2022. This reflects a 15 percent increase from 2021's total of 122,458 DUs of fentanyl seized.

Crystal methamphetamine has once again been ranked as the second greatest drug threat within the Ohio HIDTA AOR. A total of 92 percent of respondents to the 2023 OHTACS reported that crystal methamphetamine was highly available within their jurisdiction with 14 percent of task

forces listing it as the greatest drug threat. Task force commanders reported an increase in the level of crystal methamphetamine availability in 67 percent of jurisdictions. Methamphetamine, specifically crystal methamphetamine, has seen a rapid expansion into the drug markets of the Ohio HIDTA AOR in recent years. Because of its highly addictive nature and less expensive cost, DTOs have pushed methamphetamine alongside fentanyl and cocaine allowing it to gain a foot hold in the area. In 2022, the Ohio HIDTA task forces seized a total of 808 kilogram of methamphetamine with 209 of those kilograms being crystal methamphetamine. This total is the second highest amount of methamphetamine ever seized by the HIDTA task forces, trailing only 2021's record total of 1,497 kilogram of methamphetamine seized.

Cocaine has been ranked as the third greatest drug threat within the Ohio HIDTA AOR. Cocaine continues to be highly available throughout the region. A total of 75 percent of task forces reported powder cocaine to be highly available while 50 percent reported high levels of crack cocaine available in their jurisdiction. The cocaine market appears to have remained stable in the region, with the majority of respondents reporting either no change or a slight increase in availability when compared to 2022. Fentanyl has been found within samples of both powder cocaine and crack cocaine at alarming levels within the Ohio HIDTA AOR. The presence of the highly potent and ultra-deadly synthetic opioid alongside cocaine presents a deadly threat to the drug market within the region and has fueled the surge of fatal drug related overdose incidents. The Ohio HIDTA Task Forces seized a total of 1,271 kilogram of powder cocaine in 2022. This is a 41 percent increase when compared to the 903 kilogram seized in 2021. A total of 14 kilogram of crack cocaine was seized in 2022, which is 18 percent lower than 2021's total of 17 kilogram seized.

Marijuana is once again ranked as the fourth greatest drug threat within the Ohio HIDTA AOR. Marijuana continues to be the most popular recreational drug used within the region. The legalization of medical marijuana in Ohio has led to an even greater amount of marijuana usage in the region. The majority of task forces responding to the 2023 OHTACS indicated that marijuana was highly available in their area, with 83 percent reporting high availability of high-grade marijuana, 64 percent reporting high availability of marijuana vaping cartridges, 64 percent reporting high availability of marijuana concentrates, 61 percent reporting high availability of marijuana edibles, and 56 percent reporting high availability of low-grade marijuana. High-grade marijuana from domestic sources of supply across the United States, such as California, Colorado, Arizona, Oklahoma, and Michigan are readily available to users within the Ohio HIDTA AOR. This marijuana has been cultivated to have much higher levels of THC compared to the previously encountered Mexican sourced low-grade marijuana. This marijuana is often diverted from the United States where it is legal and ends up within the Ohio HIDTA AOR for use and abuse. Marijuana vaping cartridges continue to surge in popularity within the region. These vaping cartridges allow users to consume marijuana concentrate oil that has notably high levels of THC content. The vaping pens are calibrated to burn at a lower temperature than would typically be found in the marijuana smoking process. Because of this, the blend of chemicals is released at a concentrated level, which can lead to exposure to higher amounts of THC than anticipated. Marijuana concentrates and edibles are also increasing in popularity and use within the region. The HIDTA Task Forces seized a total of 11,569 kilograms of marijuana in 2022 to include both bulk marijuana and marijuana plants. This is a 49 percent increase from 2021 when the HIDTA Task Forces seized a total of 7,767 kilograms of marijuana and marijuana plants.

The misuse of prescription drugs remains a threat to the Ohio HIDTA AOR. Although the total number of prescription opioids dispensed continues to fall each year, a certain percentage of those doses still end up diverted and misused within the area. Some of the most commonly misused drugs of note within the region are Percocet®, OxyContin®, Vicodin® and tramadol. Doses of these medications are acquired via various methods of diversion including theft, trade for other drug types and sale from a legitimately prescribed patient. The cost of use for these prescription drugs remains relatively high, with several of the drug types fetching \$1 per each milligram (mg) of drug contained in the pill. The more pressing concern within the prescription drug threat is that of counterfeit prescription medication being consumed in the area. It is not uncommon for users to purchase a pill that has the appearance of a legitimate prescription medication like oxycodone or alprazolam but the pills actually contain fentanyl, methamphetamine, and other cutting agents. The risk of illness and death from unintentional overdoses of these products is high. In 2022, the Ohio HIDTA Task Forces seized a total of 37,452 DUs of controlled prescription drugs. This represented a 61 percent decrease from 2021's total of 95,707 DUs seized. The 19 kilograms of prescription drugs seized in 2022 is the same amount reported by the HIDTA task forces in 2021.

MDMA continues to have a stable but smaller market within the Ohio HIDTA AOR. A total of 56 percent of task forces surveyed reported no change in the level of availability of MDMA in 2022 compared to 2021 levels. MDMA is frequently found at clubs and music festivals in the area. Purchases of MDMA frequently occur via dark web marketplaces and have international sources such as Europe, Canada, Asia, and Mexico. In 2022, the Ohio HIDTA Task Forces seized a total of 10 kilograms of MDMA which is a 67 percent increase from the 6 kilograms seized in 2021.

Moderate levels of other drug types are also reported by the HIDTA Task Forces in the field. Availability of synthetic cathinone's (bath salts), synthetic cannabinoids (synthetic marijuana) and synthetic hallucinogens such as LSD, and PCP have all been reported in the moderate to low levels across the region.

The drug threat in the Ohio HIDTA AOR is heavily influenced by international Mexican DTOs. These DTOs are primarily responsible for the production, transportation and distribution of major drugs in the area such as synthetic opioids, heroin, methamphetamine, and cocaine. MDTOs use the vast interstate highway system to coordinate the supply of bulk amounts of narcotics to the various drug markets in the region. Larger cities like Columbus, Cleveland, Cincinnati and Pittsburgh may see direct shipments of product to their cities, but travel to major drug markets such as Chicago, Detroit, New York, and Philadelphia are also routinely encountered.

(B) Strategy for Achieving Goals and Objectives

The Ohio HIDTA's strategy is to incorporate the use of co-located law enforcement personnel from local, state, and federal agencies to identify, investigate, disrupt, and dismantle those DTOs/MLOs operating within the Ohio HIDTA AOR. These DTOs/MLOs are involved in the drug trafficking business within Ohio, NKY, and WPA, or they are utilizing the AOR to distribute and transport narcotics and facilitate the movement of ill-gotten gains from the drug trade in and outside of the region.

The 41 initiatives approved by the Ohio HIDTA Executive Board in Ohio, NKY, and WPA provide the basis of the Ohio HIDTA and its ability to combat the narcotics trade in Ohio

HIDTA-designated counties, as well as throughout Ohio, NKY, and WPA. The strategy is successful at bringing together 288 federal, state, and local agencies, comprising 1,631 agents, officers, analysts, and other staff members. The impact of the strategy is evident by the information reported by the Ohio HIDTA in the PMP database.

(C) Support of the *National Drug Control Strategy*

Ohio HIDTA supports the *Strategy* by facilitating information sharing in intelligence-led investigations, training, and coordination of drug trafficking control activities among federal, state, and local LEAs to disrupt the market for illegal drugs in the United States. Ohio HIDTA also supports the *Strategy* in such areas as a pharmaceutical diversion, highway enforcement, parcel interdiction, and prevention awareness.

(3) Methamphetamine

The Ohio HIDTA 2023 Threat Assessment once again ranked methamphetamine as the second greatest drug threat within the Ohio HIDTA AOR. A total of 92 percent of respondents to the 2023 Ohio HIDTA Threat Assessment Crime Survey reported that crystal methamphetamine was highly available in their jurisdictions with 14 percent of task forces listing it as the greatest drug threat.

Task force commanders reported an increase in the level of crystal methamphetamine availability in 67 percent of jurisdictions. In 2022, Ohio HIDTA task forces seized a total of 808 kilograms of methamphetamine with 209 of those kilograms being crystal methamphetamine. This total is the highest amount of methamphetamine seized by Ohio HIDTA task forces, trailing only 2021's record total of 1,497 kilograms of methamphetamine seized. The Ohio HIDTA does not track funding specifically used to address methamphetamine trafficking.

Oregon-Idaho HIDTA

(1) Amount of Funding Requested for FY 2025: \$4,229,000

(2) Justification

(A) Threat Assessment

The Oregon-Idaho HIDTA (OI HIDTA) counties face challenges like those throughout the United States related to fentanyl availability, misuse, use disorder, and poisoning. During 2022, the HIDTA region has experienced an increased rate of fatal and non-fatal overdose incidents as illicit fentanyl, analogs, and stimulants continue to flood the area. Methamphetamine remains a constant and significant threat in Idaho and Oregon with continued high availability, high purity, and low prices driving demand. The OI HIDTA Information Sharing and Analytical Coordination Center predicts with high confidence that fentanyl and methamphetamine will continue to be the most significant drug threats in 2024.

The following further highlights the drug threats impacting the OI HIDTA region:

- Fentanyl has overtaken methamphetamine as the primary drug threat in Oregon and Idaho, seized by law enforcement agencies in counterfeit pills and increasingly in powder form. Fentanyl and fentanyl analogs are increasingly found in drug samples submitted by law enforcement agencies to state and federal crime labs for analysis.
- Methamphetamine continues to impact community livability and is present in over half of the drug-related deaths reported by OHA during 2021 and the first half of 2022, and present in over one-third of the drug-related overdose deaths reported by Idaho Department of Health and Welfare in 2021. Methamphetamine use also contributes to criminal activity including crimes against persons and property crimes in the OI HIDTA region.
- Heroin availability and seizures have significantly decreased during the past year as the demand for and availability of fentanyl rises among opioid-dependent users and the opioid naïve.
- Cocaine availability increased in the region as indicated by an increase in cocaine seizures by OI HIDTA initiatives as well as an increase in cocaine-related DTO investigations. Oregon and Idaho remain transit states for cocaine destined for Washington and Canada.
- Oregon remains a source state for high-quality marijuana and extract products for the nation. Despite state efforts to regulate the legalized marijuana market, black and grey market products originating in Oregon continue to be seized in other parts of the country. Marijuana from Oregon continues to negatively affect communities outside of this OI HIDTA region, undermining the legal markets in many states including Oregon. Mexican and Chinese DTOs continue to impact illicit marijuana cultivation in Oregon. Environmental degradation and forced labor trafficking remain a concern to law enforcement and elected leaders throughout the state.
- Illicit use and availability of diverted CPDs and designer drugs, such as dimethyltryptamine (DMT) and MDMA remains low in Oregon and Idaho and are not considered a significant threat based on law enforcement and public health reporting.

- DTOs operating in Oregon and Idaho remain robust, with an average of 125 unique organizations investigated yearly. Multi-state DTOs continue to have the largest impact followed by locally operated and internationally connected DTOs. International DTOs are operationally connected to TCOs in Mexico and are responsible for sourcing fentanyl, methamphetamine, heroin, and cocaine. TCOs connected to China have increased their presence in large-scale marijuana cultivation and export.
- DTOs and MLOs in the region continue to utilize cash-intense businesses, such as stores, restaurants, and used car dealerships as the primary methods to transfer drug trafficking proceeds into legitimate funding streams. Bulk cash smuggling continues to be the primary method for transporting illicit proceeds throughout the region and internationally to TCOs operating in drug-source countries.
- Xylazine has become a substance of concern throughout the United States. It has been identified in the illicit fentanyl supply in Oregon and Idaho and continues to be a topic of concern among public health and law enforcement professionals in the region. While xylazine is not currently a controlled substance, combining it with fentanyl exacerbates the life-saving measures associated with naloxone administration which is used to reverse opioid overdoses.

(B) Strategy for Achieving Goals and Objectives

The OI HIDTA will continue to foster cooperative and effective working relationships among the 12 federal agencies, 6 state agencies, 61 local agencies, 2 Tribal agencies, and the U.S. Attorney's Offices in the Districts of Oregon and Idaho to achieve the common goals of disrupting and dismantling DTOs and MLOs and reducing the demand for, and availability of, illegal drugs.

(C) Support of the *National Drug Control Strategy*

To accomplish OI HIDTA's mission and achieve the goals of the *Strategy*, the Executive Board will allocate and focus the OI HIDTA resources on initiatives that have a direct relationship to:

- disrupting the market for illegal drugs by disrupting and/or dismantling the DTOs that transport and distribute drugs and the illicit proceeds from their sale;
- increasing intelligence sharing and coordination among the initiatives and all regional LEAs; and
- strengthening the relationship between law enforcement and prevention organizations.

(3) Methamphetamine

Methamphetamine availability and trafficking continues to occur at a high level in the OI HIDTA and remains one of the area's greatest drug threats. OI HIDTA does not track funding specifically used to address methamphetamine trafficking because many organizations also traffic other drugs such as fentanyl, heroin, and cocaine.

Puerto Rico and United States Virgin Islands HIDTA

(1) Amount of Funding Requested for FY 2025: \$10,577,433

(2) Justification

(A) Threat Assessment

The Puerto Rico/United States Virgin Islands HIDTA (PR/USVI HIDTA) AOR is highly vulnerable to drug trafficking because of its position in the Caribbean, an established transshipment zone of illicit drugs from South America through the United States territories (Puerto Rico and the U.S. Virgin Islands) to the continental United States (CONUS). In recent years, larger amounts of drugs have been available for transport through the supply chain, as more security has been implemented along the Southwest border of the CONUS in direct response to the drug threat and human trafficking threat. Strong earthquakes and the COVID-19 pandemic also shifted law enforcement resources and focus creating a void that allowed for DTO/MLOs to operate freely during certain periods. As a result, South American cartels have been trafficking more frequent and larger drug shipments through the Caribbean. Drug trafficking remains a significant threat to Puerto Rico, the U.S. Virgin Islands, and the CONUS. Consequently, violent crimes, unlawful financial activities, and SUD continue to impact communities within the AOR. In 2019, the identification of fentanyl being trafficked through the area increased, thereby causing a larger number of overdoses. In 2022, it remained unchanged.

(B) Strategy for Achieving Goals and Objectives

The PR/VI HIDTA's strategy focuses on regional threats and includes prevention as part of its plan to assist in the reduction of illegal activities and violent crimes. The PR/VI HIDTA, through cooperation and effective relationships established with federal, Commonwealth, territorial and local agencies, has joint task forces positioned throughout the region to counter drug trafficking and related criminal activity. Additional partnerships are being developed with neighboring island nations and LEAs that closely work with our law enforcement representatives to ensure extended coverage of the region is accomplished.

(C) Support of the *National Drug Control Strategy*

PR/USVI HIDTA fully supports the *Strategy* by dismantling or disrupting DTOs and/or MLOs with an emphasis on violent organizations and conducting interdiction of drug shipments. PR/USVI HIDTA also helps strengthen the local law enforcement establishment through training, material support, and sound inter-operational strategies. PR/USVI HIDTA's inter-operational strategies include close coordination and implementation of prevention initiative efforts with the DIOs and PHAs. These events help build alliances with the state and local law enforcement counterparts, and the Department of Education Officials throughout the PR/USVI Territory.

(3) Methamphetamine

Methamphetamine is not considered a primary drug threat and is not widely abused in the PR/USVI HIDTA region. The PR/USVI HIDTA has not observed an increase in crystal methamphetamine use and/or seizures in its AOR. Reports indicate that most of the methamphetamine and crystal methamphetamine are trafficked from the CONUS via parcel and

shipping services. PR/USVI HIDTA does not track funding specifically used to address methamphetamine trafficking.

Rocky Mountain HIDTA

(1) Amount of Funding Requested for FY 2025: \$10,931,379

(2) Justification

(A) Threat Assessment

Fentanyl is the most significant drug threat in the Rocky Mountain region due to its polydrug capabilities, resulting in a greater number of fatal overdoses, and a substantial increase in seizures by the Rocky Mountain HIDTA (RM HIDTA) task forces. DTOs are the principal suppliers of wholesale quantities of fentanyl (in both pill and powder form), methamphetamine, marijuana, cocaine, and heroin to the region from locations along the Southwest border, while West Coast-based DTOs supply high potency marijuana to the region from sources in California, as well as from within Colorado. These DTOs exploit the RM HIDTA's centralized location and extensive transportation infrastructure to distribute wholesale quantities of fentanyl, methamphetamine, cocaine, marijuana, and heroin. Interstates 15, 25, 70, 80, 90, and 94 transect the AOR, and DTOs use these major routes to transport illicit drugs from California, Arizona, and Texas to markets in Salt Lake City, Utah, Denver, Colorado, and major midwestern cities such as Omaha, Nebraska; Kansas City, Missouri, and Chicago, Illinois.

(B) Strategy for Achieving Goals and Objectives

The RM HIDTA has a strong management team that stresses cooperation and collaboration among initiatives to address current drug threats at federal, state, and local levels, while affecting the availability and use of all drugs throughout the Nation.

The Executive Board's ongoing efforts are dedicated to facilitating coordination and cooperation among 10 federal agencies and 124 state and local agencies that partner to reduce drug availability by eliminating or disrupting DTOs and improving the efficiency and effectiveness of law enforcement efforts within the RM HIDTA region. The Board's efforts help achieve common goals and respond to current drug threats effectively and efficiently. Initiatives facilitate collaboration, coordination, and information sharing among all task forces and drug units both within and outside the RM HIDTA region.

An extensive training program, an intelligence initiative, aggressive enforcement initiatives, and a criminal interdiction program support the RM HIDTA's strategy. Enforcement initiatives focus on targeting and dismantling or disrupting major DTOs. Criminal interdiction initiatives have been established in Colorado, Wyoming, Utah, and Montana in an effort to address DTOs that transport illicit drugs into and through the region. A drug prevention initiative is also included in the strategy. Enforcement initiatives, coupled with drug prevention, that includes ORS in each of the HIDTA's four states, add multiple tools to address drug trafficking and use.

(C) Support of the *National Drug Control Strategy*

RM HIDTA supports the Strategy by targeting, investigating, and dismantling or disrupting DTOs in Colorado, Utah, Montana, and Wyoming (including DTOs that are international, multistate, or local in scope); MLOs; and violent drug trafficking groups. In doing so, initiatives disrupt the market for illicit drugs and reduce the quantities of methamphetamine, cocaine, marijuana, MDMA, and opioids, including heroin and fentanyl supplied to the area and other United States drug markets in the Midwest, Northeast, and Southeast.

(3) Methamphetamine

The vast majority of the DTOs investigated by the RM HIDTA initiatives are poly-drug in nature. RM HIDTA does not track funding specifically used to address methamphetamine trafficking in the four-state region.

San Diego/Imperial Valley HIDTA

(1) Amount of Funding Requested for FY 2025: \$11,899,873

(2) Justification

(A) Threat Assessment

San Diego Imperial Valley HIDTA's (SDI HIDTA) mission is to measurably reduce drug trafficking, thereby reducing the impact of illicit drugs in the AOR and other areas of the country. The SDI HIDTA region has a long history of being one of the most prolific drug transshipment points along the Southwest border. The SDI HIDTA AOR continues to account for an overwhelming majority of Southwest border drug seizures. For 2022, border seizures in California, Arizona, New Mexico, and Texas revealed that over 43 percent of cocaine; 50 percent of heroin; 60 percent of methamphetamine; and 57 percent of powder fentanyl are attributed to the SDI HIDTA AOR. The SDI HIDTA consists of both San Diego County and Imperial County that border Mexico.

(B) Strategy for Achieving HIDTA Goals and Objectives

The SDI HIDTA assists in the coordination of joint operational and supporting initiatives to disrupt and dismantle the most significant DTOs, MLOs, TCOs, and their associated transportation and distribution organizations. The SDI HIDTA also emphasizes efforts against methamphetamine manufacturing, precursor chemical supply, and illicit use through innovative enforcement operations and demand reduction programs using a multiagency, joint concept of operations. Initiatives continue to foster cooperative and productive working relationships among approximately 700 federal, state, and local full-time and part-time personnel from almost every LEA in the region. These agencies voluntarily participate in SDI HIDTA initiatives to disrupt and dismantle DTOs, reduce drug demand, and make communities safer.

(C) Support of the *National Drug Control Strategy*

SDI HIDTA supports the *Strategy* by dismantling or disrupting DTOs/MLOs/TCOs, thereby disrupting the market for illegal drugs, specifically by:

- fostering long-term investigations targeting high-level DTOs/MLOs/TCOs that impact the two counties of the region, as well as other parts of the country;
- promulgating and participating as an active partner in the combined ISC/Fusion Center with all intelligence and information gathering units operating from a single site; and
- supporting and implementing a balanced approach to reducing drug abuse by funding and integrating where possible a robust Drug Demand Reduction (prevention) initiative, which fosters the interface between community anti-drug coalitions, public health and SDI HIDTA enforcement initiatives and partner agencies.

(3) Methamphetamine

The SDI HIDTA rarely encounters a fully operational domestic methamphetamine lab. This lack of encounters is continuing to be validated by continued large methamphetamine seizures at the California POEs, and by the initiatives' domestic and international investigations. The SDI HIDTA does not track funding specifically used to address methamphetamine trafficking.

South Florida HIDTA

(1) Amount of Funding Requested for FY 2025: \$14,418,286

(2) Justification

(A) Threat Assessment

South Florida HIDTA's (SFHIDTA) mission is to augment the collective efforts of program participants to coordinate federal, state, and local LEAs to disrupt and dismantle DTOs, MLOs, and violent criminal organizations, thereby effectively reducing the illegal drug supply chain in the SFHIDTA area of operations, while directing emphasis on violent criminal organizations and systems that extend harm to others across the SFHIDTA and the United States. Central to the SFHIDTA mission is the use of state-of-the-art technology for investigations and ultimately employing new techniques to attack emerging threats such as cybercrime and illicit cryptocurrency.

The SFHIDTA uses strategies provided by A Division for the Advancement of Prevention and Treatment (ADAPT), which is administered by the Washington/Baltimore HIDTA. These strategies are aimed at advancing knowledge, skills, and quality outcomes in the field of substance use prevention while supporting successful integration of evidence-based strategies into the SFHIDTA area of operation, focusing on areas that are identified as violent crime communities. The HIDTA works in the prevention and treatment community through its participation in the Overdose Fatality Review Committee coordinated by the Florida Department of Health in Broward County and Palm Beach County's CDC OD2A program, the United Way of Broward County Advisory Committee, and the National Opioids and Synthetics Coordination Group.

With its proximity to the Caribbean and South American narcotics distribution routes, the work of the SFHIDTA is unique. It combats drug trafficking intended for the South Florida AOR users, and for drugs intended for distribution and use in other nationwide areas. Intelligence garnered from maritime drug smuggling investigations targeting drug smuggling ventures is shared with the United States Coast Guard and CBP for interdiction prior to arrival to the United States, and at South Florida POEs. The quantitative effect of port and water-based seizures is an overall mitigation strategy to ultimately reduce the availability of drugs for local nationwide distribution and use.

(B) Strategy for Achieving Goals and Objectives

The SFHIDTA fosters cooperative and effective working relationships among federal, state, and local agencies that contribute 724 co-located full-time personnel who share the common goal to disrupt and dismantle DTOs and MLOs through long-term, multiagency investigations and operations. The SFHIDTA strategy comprises 34 initiatives that exploit the collective expertise of federal, state, and local agencies to target multiple regional drug threats identified in the SFHIDTA threat assessment.

The expansion of multi-HIDTA approaches to identify, disrupt, and dismantle traditional and emerging threats are key aspects of the SFHIDTA's short- and long-term strategy. The SFHIDTA has made significant progress in addressing the region's primary threats and will continue to intensify its response to the escalating cocaine trafficking surge, the opioid crisis, and more recently, an increase in the atypical availability of methamphetamine.

(C) Support of the *National Drug Control Strategy*

The SFHIDTA supports the Strategy by disrupting and/or dismantling DTOs and MLOs, thereby disrupting the illicit drug market and reducing related violence. Further, SFHIDTA enhances drug control efforts by implementing programs and activities that improve the effectiveness and coordination of agencies participating in the HIDTA and by increasing intelligence sharing and coordination among the initiatives and all regional LEAs. The SFHIDTA also seeks to strengthen the relationship between law enforcement and prevention and treatment organizations.

(3) Methamphetamine

Methamphetamine is becoming a more prevalent threat to the region, evidenced by higher-than-normal availability, seizure activity, and reported consumption trends which include polydrug mix with illegal fentanyl. The SFHIDTA does not track funding specifically used to address methamphetamine trafficking.

South Texas HIDTA

(1) Amount of Funding Requested for FY 2025: \$10,129,143

(2) Justification

(A) Threat Assessment

The South Texas HIDTA (STX HIDTA) is a significant transshipment corridor for synthetic opioids, cocaine, heroin, methamphetamine, other illegal drugs, and human trafficking. Although marijuana continues to be smuggled from Mexico in significantly diminished quantities, the primary and most perilous threats are methamphetamine, cocaine and heroin/synthetic opioids and the organizations that distribute them. These same routes are utilized to repatriate illicit proceeds back to Mexico. The STX HIDTA consists of 15 counties, 13 of which sit along the Southwest border. These counties represent 50 percent of the Texas-Mexico border. Seventeen of the 25 POEs along the Texas-Mexico border are within the STX HIDTA. POEs, coupled with the regional interstate highways, make the AOR one of the most strategically important drug and illicit proceeds smuggling corridors in use by both domestic DTO/MLOs and foreign DTO/MLOs. Despite the low population in some areas, the region greatly influences drug trafficking and availability at the national level. Gang activity associated with the Gulf Cartel, Zetas, and other DTOs/MLOs and cartels continues to be a threat in the area.

(B) Strategy for Achieving HIDTA Goals and Objectives

Federal, state, and local LEAs combine their efforts with multijurisdictional, co-located/commingled drug task forces and intelligence/investigative support initiatives. These intelligence-driven drug task forces pursue coordinated efforts to reduce the smuggling, transshipment, and distribution of drugs into and through Texas. In focusing on the disruption and dismantlement of DTOs/MLOs and by following the *National Drug Control Strategy*, the HIDTA employs intelligence-driven investigations and interdiction activities targeted at drug transshipments and money laundering, including extensive systematic follow-up investigations involving intelligence analysis, information sharing, and an aggressive prosecution structure. The STX HIDTA initiatives are organized seamlessly into four types:

- Enforcement (Interdiction, Investigation, and Prosecution);
- Intelligence/Investigative Support and Information Sharing;
- Support/Training/Prevention; and
- Management and Coordination.

Through an intensive initiative and task force review and inspection process, along with statistical information gathered through the HIDTA PMP system, the Executive Board holds initiatives accountable for their productivity.

(C) Support of the *National Drug Control Strategy*

STX HIDTA will focus on dismantling and disrupting DTOs and MLOs active within its AOR to reduce the availability of drugs. STX HIDTA is committed to continuing interdiction efforts seizing illegal narcotics, as well as disrupting the illegal southbound flow of weapons and currency intended for drug cartels. STX HIDTA also supports the *Strategy* through the exchange of intelligence and information among LEAs. STX HIDTA will continue to foster partnerships in furtherance of drug prevention programs with LEAs, young people, educational institutions, community faith-based coalitions that focus on at-risk individuals and the general public.

(3) Methamphetamine

Methamphetamine seized within the STX HIDTA AOR is produced in Mexico where production amounts are rising as evidenced by increased seizures of historically large amounts of the drug. STX HIDTA is a significant transshipment corridor for methamphetamine. STX HIDTA does not track funding specifically used to address methamphetamine trafficking.

Texoma HIDTA

(1) Amount of Funding Requested for FY 2025: \$4,249,500

(2) Justification

(A) Threat Assessment

The overall drug trafficking threat to the Texoma HIDTA region remains stable. Law enforcement and intelligence data clearly indicate that fentanyl continues to pose the most significant drug threat to the region. Methamphetamine, marijuana, and cocaine also pose significant threats to communities throughout the HIDTA region, and to a lesser extent, controlled prescription drugs (i.e., pharmaceuticals) pose a threat in the region.

Both the Dallas/Fort Worth and Oklahoma City metropolitan areas continue to serve as key command and control distribution points for drug loads sent by MDTOs, who dominate the wholesale trafficking of most major drug types encountered in the region. MDTOs continue to send large shipments of methamphetamine, heroin, cocaine, and marijuana to the HIDTA AOR on a regular basis, either for local distribution or as a transshipment point for loads destined to other United States locations, such as the Midwest and eastern United States MDTOs and MLOs continue to funnel large sums of drug proceeds through the area, remitting money to Mexico in bulk cash form, as well as through wire transfers, cryptocurrency, and other money laundering techniques.

In addition to MDTOs involved in marijuana trafficking, independent DTOs within the Texoma HIDTA region also specialize in the distribution of high-grade marijuana, obtained from United States with legalized forms of marijuana. The diversion of CPDs from medical and pharmacy venues poses a significant risk and negatively influence the quality of life, and the safety of communities throughout north Texas and Oklahoma.

Local DTOs, to include street and prison-based gangs, also control the distribution of drugs at the street/retail level. Street gangs, operating in the Texoma HIDTA's region, include subsets of traditional gangs, with professed allegiances to parent national or regional gangs (e.g., Bloods, Crips, Sureños). Prison-based gangs, especially in Oklahoma, are heavily engaged in coordinating the distribution of methamphetamine at lower levels. Additionally, hybrid gangs, that function in a looser sense, are likely to create alliances and working arrangements with traditional rivals for the ultimate goal of making money. All types of gangs contribute to rising levels of violent criminal activity in major metropolitan areas of the Texoma HIDTA region.

(B) Strategy for Achieving HIDTA Goals and Objectives

The Texoma HIDTA Executive Board ensures that the program functions within the mission of the National HIDTA Program. The Executive Board ensures the four subcommittees – Budget, Intelligence, DHE, and Initiative Review – effectively carry out their stated functions. These actions work towards increasing the efficiencies and effectiveness of the Texoma HIDTA. The Executive Board, in conjunction with the Texoma HIDTA Director, leads staff on developing effective plans to meet the organizational objectives. The Executive Board maintains interaction through Executive Board meetings, Texoma HIDTA subcommittees, and regional meetings such as the North Texas Crime Commission and the North Texas Police Chiefs Association.

The Executive Board continually evaluates the Texoma HIDTA's 32 initiatives to ensure adherence to the HIDTA PPBG and the regional HIDTA mission and vision. The Executive Board also determines if new initiatives should be implemented to address the Texoma HIDTA's regional drug threats.

(C) Support of the *National Drug Control Strategy*

Texoma HIDTA supports the *Strategy* by identifying, investigating, and dismantling/disrupting DTOs and MLOs that use the Dallas/Fort Worth, Texas Panhandle, East Texas and Oklahoma areas to transport, store, distribute illicit drugs and launder the related proceeds throughout the United States. The Texoma HIDTA supports 26 investigative initiatives, as well as robust intelligence support programs throughout North Texas and Oklahoma that strive to reduce the amounts of methamphetamine, fentanyl and other opioids, cocaine, and marijuana supplied to the area and other national drug markets in the Midwest, Northeast, and Southeast. In addition, the Texoma HIDTA focuses on reducing drug related violent crime through initiatives focused primarily on violent crime, gang investigations, and weapons trafficking. Finally, the initiatives of the Texoma HIDTA seek to dismantle the financial infrastructure of drug and violent crime organizations and denying significant amounts of revenue to criminal organizations in the United States and Mexico.

(3) Methamphetamine

While fentanyl is causing substantial harm in the Texoma HIDTA region, the vast majority of the DTOs investigated by the Texoma HIDTA initiatives are multi-drug organizations, many of which are primarily trafficking in methamphetamine, which remains the most available drug (other than marijuana) in the Texoma HIDTA region, and is also considered to be the largest threat to public safety in many areas of the Texoma HIDTA region. Seizures of methamphetamine have increased in recent years, including large seizures of liquid methamphetamine which is converted to powder methamphetamine in conversion laboratories in Texas and Oklahoma. Texoma HIDTA does not track funding specifically used to address methamphetamine trafficking.

Washington/Baltimore HIDTA

(1) Amount of Funding Requested for FY 2025: \$16,487,073

(2) Justification

(A) Threat Assessment

When Washington/Baltimore HIDTA (W/B HIDTA) was designated in 1994, drugs entering the region were imported through an alternate United States city, primarily New York, where they were repackaged and then transported into the W/B HIDTA region. Now, a significant number of the W/B HIDTA cases involve shipments originating in California, Arizona, and Mexico. Additionally, a growing number of DTOs have reported receiving drugs directly from abroad, specifically from Central America, and Southwest Asia. In addition to the continuing threat posed by DTOs and MLOs, criminal street gangs represent a consistent threat to the region. Throughout the W/B HIDTA region, membership in criminal street gangs has remained high. The violence associated with these gangs and their role in illegal drug trafficking pose a serious threat to the region. There does not appear to be an increase in human trafficking activity among these criminal groups. However, there has been a dramatic increase in violent crime across the region since the beginning of the COVID-19 pandemic, including carjackings and shootings, with traditional and ghost guns

The primary drug threats in the HIDTA region are fentanyl, heroin (mostly combined with other drugs), cocaine HcL and crack cocaine, and prescription narcotics. Fentanyl is commonly mixed with other drugs, including heroin, xylazine, and crack cocaine. Further, fentanyl, like crack cocaine in the 1980s and 1990s, is responsible for high levels of violent crime in the region. It is also linked to high levels of overdoses. All are reported to be readily available throughout the region. These drugs and others are trafficked by more than 322 DTOs and MLOs that are under investigation by the HIDTA initiatives.

What was originally a very compact HIDTA is now widely dispersed. By way of example, Roanoke City and County, the most southwestern area of the W/B HIDTA, is approximately 275 miles from Cecil County, MD, in the northeast corner of the HIDTA region. Virginia Beach, VA in the southeastern corner of the region is approximately 238 miles from Mineral County, WV in the northeast corner.

The transportation infrastructure in the W/B HIDTA region is one of the most developed and diverse in the United States It includes:

- More than 1,600 miles of Interstates, including 64, 66, 68, 70, 81, 83, 85, 93, and 95;
- Six major international airports: Thurgood Marshall-Baltimore Washington International (BWI), Washington Dulles International (IAD), Ronald Reagan-National (DCA), Richmond (RIC), Newport News (PHF), and Norfolk International (ORF), which have recorded 4.4 million passenger boardings in 2018; and more than 100 other airports of various capacities;
- Three international seaports: the ports of Baltimore, Norfolk, and Newport News, in which, altogether, 14.6 million metric tons of container freight arrived in 2018;

- Almost 100 Amtrak trains passing through the HIDTA region on a daily basis, carrying approximately five million passengers annually;
- More than a dozen major railroad freight lines; and
- Hundreds of miles of shoreline.

In sum, several factors combine to make the W/B HIDTA region a fertile environment for drug trafficking. The region is relatively affluent and not as susceptible as the rest of the country to the fluctuations of the national economy due to the stability of government jobs and government-related industries. A well-developed transportation infrastructure connects the six distinct major population centers (Baltimore, the District of Columbia, Northern Virginia, Richmond, Roanoke, and the Tidewater region of Virginia), which enables traffickers to transport even large quantities of illegal drugs efficiently. Drug traffickers and gang members can use the more than 200 banks operating in the region to launder their ill-gotten gains. The increasingly diverse ethnic and racial makeup of the population enables Mexican, Colombian, Dominican, Salvadoran, Korean, and Vietnamese criminal groups and gangs to recruit members and operate more easily.

By substantial margins, federal, state, and local law enforcement task force supervisors, as well as drug treatment leaders responding to the HIDTA's threat assessment surveys identified fentanyl, heroin (in combination with other drugs), cocaine HCl/crack cocaine, and prescription narcotics as the primary drug threats in their communities. In all four cases, at least 75 percent of the respondents said the substance(s) caused significant or moderate harm in their communities; and, in the cases of fentanyl, substantial majorities said the drug caused significant harm. With the exception of fentanyl, these drugs have been long-standing major threats in the W/B HIDTA AOR. Methamphetamine use is also on the rise in the W/B HIDTA region, as evidenced by overdose increases and drug seizures in areas of the region where the drug previously was rarely seen.

(B) Strategy for Achieving Goals and Objectives

The W/B HIDTA believes that coordination among LEAs at all levels is key to disrupting the drug market in the region. The W/B HIDTA has fostered cooperative and effective working relationships among federal, state, and local criminal justice organizations, including LEAs and drug treatment and prevention organizations. Currently, 125 agencies participate in the HIDTA. Information and intelligence sharing are required for all participating agencies and has become a standard practice.

To foster this collaboration, the W/B HIDTA has developed and currently manages and maintains several systems to support drug investigations and overdose response. Case Explorer is a web-based case management and deconfliction system designed for law enforcement serving thousands of LEAs nationwide. The Communications Analysis Portal was designed specifically to deconflict phone numbers, which remains a critical component of drug investigations. It allows LEAs to share, organize, and identify sources of supply.

Recognizing the importance of real-time data for saving lives, in 2016, the HIDTA developed the ODMAP, a system that provides near real-time suspected overdose surveillance data across jurisdictions to support public safety and public health efforts in mobilizing an immediate response to a sudden increase or spike in overdose events. It links first responders and relevant record management systems to a mapping tool that tracks overdoses to stimulate real-time

response and strategic analysis across jurisdictions. ODMAP presents a significant public health and safety collaborative opportunity with the ability to respond to a crisis as it is occurring. By combining the data in ODMAP with active partnerships spanning different agencies, localities can develop and deploy a real-time plan to reduce both fatal and non-fatal overdoses.

Since its inception, federal agencies including ONDCP, the CDC, and the Bureau of Justice Assistance have supported and financed the expansion of the ODMAP program nationwide. They have emphasized the critical impact of ODMAP on state and local overdose response strategies, including its use in their respective competitive grants.

To date, over 4,771 agencies from all 50 states, the District of Columbia, and Puerto Rico have entered over 2.17 million suspected overdoses into ODMAP. States have realized the importance of using this data in support of their response efforts. Thirty-four states have initiated a statewide ODMAP strategy. Of those states, 27 have connected overdose data from their respective data systems with ODMAP through an application program interface (API), offering the most comprehensive and timely data sharing. ODMAP is part of the Biden Administration's National Drug Control Strategy and remains the only nationwide near-real-time overdose tracking system to support life-saving overdose response efforts.

ADAPT has been funded by ONDCP since the Fall of 2019 to operationalize and support the National HIDTA Program's Prevention Strategy, which promotes the integration of evidence-based strategies for substance use prevention in HIDTA communities across the country. ADAPT provides training and technical assistance, and serves as a translator of prevention science, navigator of resources, and connector to peers and mentors.

ADAPT is currently servicing or has already completed almost 300 technical assistance requests to support 20 HIDTAs and 3 national initiatives in advancing their prevention efforts. Technical assistance is provided in the following domains: 1) identification of evidence-based strategies, 2) implementation, 3) evaluation, 4) training, 5) fiscal/budgeting, 6) sustainability, 7) early response, 8) prevention messaging, and 9) systems development.

The average duration of technical assistance per request is three months. ADAPT coordinates a variety of trainings and technical webinars on substance use prevention fundamentals to cultivate, nurture, and support hospitable systems for implementation in HIDTA communities. It also develops products, including toolkits and implementation guides, to offer evidence-based support for HIDTA communities on more complex prevention topics. ADAPT hosts an annual HIDTA Prevention Summit to disseminate advances in the field of prevention science and build critical skill sets within HIDTA communities. ADAPT partners with HIDTAs to also offer annual Substance Use Prevention Institutes across the five HIDTA regions.

(C) Support of the *National Drug Control Strategy*

The W/B HIDTA supports the *Strategy* in several ways. Fundamentally, it contributes to the disruption of both international and domestic drug trafficking and production by disrupting and dismantling international, multi-state, and local DTOs and MLOs.

The W/B HIDTA also provides significant support to the demand side of the *Strategy* through its operation of ADAPT, which provides technical assistance and training for drug prevention and treatment agencies in the region and in other HIDTA communities across the country; and

by funding 12 treatment initiatives and four prevention initiatives designed to help break the cycle of drug use, crime, delinquency, and incarceration.

(3) Methamphetamine

MDTOs transport methamphetamine from Mexico to locations in the Southeast United States and from there into the W/B HIDTA region. While the presence of methamphetamine, in both powder and crystallized forms, is spreading further in the W/B HIDTA region, it remains most readily available in the Tidewater area, Southwest Virginia (including Roanoke), and in the HIDTA's three West Virginia counties. The W/B HIDTA does not track funding specifically used to address methamphetamine trafficking.

West Texas HIDTA

(1) Amount of Funding Requested for FY 2025: \$9,211,634

(2) Justification

(A) Threat Assessment

The West Texas HIDTA (SWB HIDTA/WTX) comprises 12 counties and over 520 miles of the United States border with Mexico. El Paso, Texas sits on the Rio Grande River adjacent to Ciudad Juarez, Mexico, representing the two largest cities situated on the Texas-Mexico border. El Paso, the most populous city in West Texas, lies at the intersection of three states (Texas, New Mexico, and Chihuahua). El Paso also sits along Interstate Highway 10 that connects to Interstate Highways 20 and 25. DEA's *2020 National Drug Threat Assessment* indicates that Mexican TCOs employ intermediaries who oversee shipments across the Southwest border and facilitate sales to a wholesale and mid-level client. These intermediaries can take the form of criminal street gangs, many of which have known ties to Mexican cartels.

The SWB HIDTA/WTX's main concern continues to be that the region is a transshipment and distribution hub for narcotics from Mexico into the United States. All other concerns are derived from this reality. Based upon drug seizure quantities, marijuana, methamphetamine, cocaine, and heroin rank as the greatest drug threats to the AOR.

Fentanyl presents the greatest threat in the SWB HIDTA/WTX due to being manufactured by DTO's as powder, counterfeit pills, and "cocktail" mixes. Many cocktail mixes in the SWB HIDTA/WTX include fentanyl being added/laced with methamphetamine, cocaine, and heroin. While single fentanyl overdose deaths decreased by 21.05 percent in El Paso County during 2022, there was also a decrease in cocktail deaths. Law enforcement officers in the SWB HIDTA/WTX explained that consumers are smoking fentanyl-laced products as pills, and not dying as quickly as in previous years. Xylazine, an animal sedative, was also present in fentanyl products tested in crime labs. Overall, there was a 561 percent increase in charges involving fentanyl, mostly pills.

(B) Strategy for Achieving Goals and Objectives

The SWB HIDTA/WTX continues to foster cooperative and productive working relationships among 1 USAO, 13 federal agencies, 4 state agencies, 15 local agencies and 1 tribal agency; with the common goals of disrupting and dismantling DTOs and securing the HIDTA 12-county area of the Southwest Border by preventing multi-ton quantities of illicit drugs from reaching their intended market.

(C) Support of the *National Drug Control Strategy*

SWB HIDTA/WTX supports the *Strategy*, through 17 HIDTA funded initiatives, by dismantling or disrupting DTOs and/or MLOs, thereby disrupting the market for illegal drugs. As the keystone region for the *National Southwest Border Counternarcotics Strategy*, West Texas HIDTA will support all efforts to contain and reduce the impact of DTOs on the region and will continue to:

- provide a broad range of drug intelligence/information and case support to all participating and non-participating LEAs that it could potentially impact (i.e. - information regarding levels of violence south of the border that might have a spillover effect is shared with all task forces, particularly within the border counties);

- work with the area's prevention partners through ORS to develop drug prevention campaigns to increase awareness in the region; and
- use its training capabilities to enhance the efficiency and effectiveness of drug enforcement operation within the region.

(3) Methamphetamine

Methamphetamine remains at increased levels of availability throughout the West Texas area. Agencies report no methamphetamine labs being discovered over the year. However, the smuggling and localized selling of methamphetamine from Mexico is a common trend throughout the region. Large quantities of methamphetamine are still trafficked through SWB HIDTA/WTX from Mexico. SWB HIDTA/WTX does not track funding specifically used to address methamphetamine trafficking.

National HIDTA Assistance Center

(1) Amount of Funding Requested for FY 2025: \$4,086,770

(2) Justification

(A) Administrative Support Program and Coordination of National Programs

The National HIDTA Assistance Center (NHAC) hosts the HIDTA Financial Management System (a database used for budgeting and grant administration for all state and local awards) and the Clearance Management System (a database used to manage security clearances for the HIDTA program). The NHAC provides HIDTA-related training to the entire program and technology support through its HIDTA Resource Management System, a national HIDTA library and collaboration work space.

The NHAC addresses the need to continuously improve the efficiency and effectiveness of all the designated HIDTAs through seven distinct initiatives – Management and Coordination Unit, Training Unit, Media and Technology Unit, National Marijuana Initiative (NMI), Domestic Highway Enforcement (DHE), and National Emerging Threat Initiative (NETI).

(B) Strategy for Achieving Goals and Objectives:

The NHAC's mission and vision are defined by its key stakeholders, ONDCP, and the 33 regional HIDTA programs. The NHAC's core services include developing and delivering HIDTA-specific training; organizing national conferences and meetings; and serving as facilitator for three national HIDTA initiatives (NMI, NETI, and DHE). Through these services, the NHAC supports the strategies of all HIDTA regions as they respond to the unique threats facing their respective AORs.

(C) Support of the *National Drug Control Strategy*

The NHAC supports the *Strategy* by working to improve the efficiency and effectiveness of the 33 HIDTAs nationwide.

(3) Methamphetamine

Data on methamphetamine is not collected because the NHAC's mission does not entail oversight of law enforcement operational initiatives.